

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064489

1. Entity Name  
RDM FENCING, INC.



FILED

03 APR 22 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
91 COCHISE STREET  
CRAWFORDVILLE FL 32327

Mailing Address  
PO BOX 1855  
CRAWFORDVILLE FL 32327

2. Principal Place of Business  
111 Belle Forbes Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Crawfordville, FL

City & State

4. FEI Number 59-3655679

Applied For  
Not Applicable

Zip  
32327

Country  
Unknown

Zip  
32326

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, RICHARD D  
91 COCHISE STREET  
CRAWFORDVILLE FL 32327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/03

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MILLER, RICHARD D  
PO BOX 1855  
CRAWFORDVILLE FL 32326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100018671581  
05/09/03--01045--005 \*\*158.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MILLER, LAUREN N  
PO BOX 1855  
CRAWFORDVILLE FL 32326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

850-926-3183

Date

Daytime Phone #

FD-2004 (10/02)