

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90277 032 ***150.00

DOCUMENT # **P00000076534**

1. Entity Name

Mad Fencing Inc

Principal Place of Business

Mailing Address

12517 Alameda Ave.
NPR, FL 34654

12517 Alameda Ave
NPR, FL 34654

2. Principal Place of Business

3. Mailing Address

12517 Alameda Ave

12517 Alameda Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NPR, FL

NPR, FL

4. FEI Number

59-3645913

Applied For

Not Applicable

Zip

Country

Zip

Country

34654

U.S.

34654

U.S.

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

Mary Ann Clark
12517 Alameda Ave.
NPR, FL 34654

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.

SIGNATURE

Mary Ann Clark Pres. Mary Ann Clark Pres.

4/30/01

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW! FEE IS \$150.00
NO MAY 2001 FEE WILL BE \$50.00
NO FEE IS PAYABLE TO PENALTY ON STATE

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mary Ann Clark Pres. 12517 Alameda Ave. NPR, FL 34654	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Mary Ann Clark**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (27) 379 0798
 Date Daytime Phone #