2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # P00000082990 1. Entity Name 05-11-2001 90117 018 ***150.00 ATLANTIC FENCE OF MONROE COUNTY, INC. Principal Place of Business Mailing Address 31487 Avenue F 31487 Avenue F 10063434 Big Pine Key, FL 33043 Big Pine Key, FL 33043 . 4 2. Principal Place of Business 3. Mailing Address 31357 Avenue C Post Office Box 432150 . . 4 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Big Pine Key, FL Big Pine Key, FL 65-1033981 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33043--USA Fee Required 33043 USA-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Miller, Robert K. Street Address (P.O. Box Number is Not Acceptable) 3975 Overseas Highway Marathon, FL 33050 2975 Overseas Highway Zip Code City 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 ' Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. P/T/D R2E034 (11/00) TITLE $D/\mathbb{T}/\mathbb{D}$ ☐ Delete X Change Cristler, Michael D. Cristler, Michael D. NAME NAME STREET ADDRESS STREET ADDRESS 31487 Aveune F 31357 Aveune C CITY-ST-ZIP CITY-ST-ZIP Big Pine Key, FL 33043 Big Pine Key, FL 33043 TITLE ☐ Delete TITLE Change X Addition NAME NAME Myers, Robert J. 31357 Avenue C STREET ADDRESS STREET ADDRESS Big Pine Key, FL 33043 CITY-ST-ZIP CITY-ST-71P **Addition** TITLE ☐ Delete TITLE ☐ Change NAME NAME Jackson, Tina STREET ADDRESS STREET ADDRESS 31357 Avenue C CITY-ST-ZIP CITY-ST-ZIP 33043 Big Pine Key, FL ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Michael D. Cristler

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01

FILED