

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90004 011 ***150.00

DOCUMENT # P00000087381

1. Entity Name
FENCE CONNECTION OF NORTH FLORIDA INC.

Principal Place of Business
8770 WEST BEAVER ST.
JACKSONVILLE FL 32220

Mailing Address
481 ADDOR LN
JACKSONVILLE FL 32220

2. Principal Place of Business

4314-6 ST Aug. Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

JAX FL

City & State

Zip

32220

Country

Zip

Country

4. FEI Number 59-3672839

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DRYDEN, SHERRY A
8770 WEST BEAVER ST.
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

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

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
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DRYDEN, SHERRY A**
STREET ADDRESS **481 ADDOR LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE **D** ☐ Delete
NAME **DRYDEN, MICHAEL J SR.**
STREET ADDRESS **481 ADDOR LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE **D** ☒ Delete
NAME **DRYDEN, MICHAEL J**
STREET ADDRESS **481 ADDOR LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Sherry A Dryden**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Michael J Dryden Sr.**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)