

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90116 020 ***150.00

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DOCUMENT # P00000087381

1. Entity Name
FENCE CONNECTION OF NORTH FLORIDA INC.



Principal Place of Business
**4314 6TH ST. AUG. RD.
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.

Suite, Apt. #, etc.

City & State

JAX FL

City & State

Zip

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

7. Name and Address of New Registered Agent

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

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

Sherry Dryden

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	DRYDEN, SHERRY A	
STREET ADDRESS	481 ADDOR LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DRYDEN, MICHAEL J SR.	
STREET ADDRESS	481 ADDOR LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRYDEN, MICHAEL J	
STREET ADDRESS	481 ADDOR LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sherry Dryden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

693-3007

Daytime Phone #

CR2E034 (10/02)