FILED

03 SEP 19 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087381

1. Entity Name
FENCE CONNECTION OF NORTH FLORIDA INC.

Principal Place of Business
4314 6TH ST. AUG. RD.
#6
JACKSONVILLE, FL 32220

Mailing Address
481 ADDOR LN
JACKSONVILLE, FL 32220

2. Principal Place of Business	3. Mailing Address
4314 St. Aug Rd	481 Addor Lane
Suite, Apt. #, etc. Suite 6	Suite, Apt. #, etc.
City & State Jacksonville Florida	City & State Jacksonville, Florida
Zip 32207 Country USA	Zip 32220 Country USA

☐ CHECK HERE IF MAKING CHANGES

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 Amanda Dryden
Street Address (P.O. Box Number is Not Acceptable) 481 Addor Ln
City Jacksonville FL Zip Code 32220

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 Amanda Dryden Sept 17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 DRYDEN, SHERRY A 481 ADDOR LANE JACKSONVILLE, FL 32220 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Amanda Dryden 481 Addor Lane Jacksonville, Fl 32220 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DRYDEN, MICHAEL J SR. 481 ADDOR LANE JACKSONVILLE, FL 32220 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Michael Dryden Sr 481 Addor Ln Jacksonville, Fl 32220 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700023197657 09/19/03--01037--003 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Amanda M Dryden 9-17-03 (904) 693-3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #