

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90045 023 ***150.00

DOCUMENT # P01000027836

1. Entity Name
JOHN'S FAMILY FENCE INC.



Principal Place of Business
550 1/2 CORDAY ST
PENSACOLA FL 32503

Mailing Address
550 1/2 CORDAY ST
PENSACOLA FL 32503



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3709463

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNS, ROBERT L
550 1/2 CORDAY ST
PENSACOLA FL 32503

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

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 PS ☐ Delete
NAME JOHNS, ROBERT L
STREET ADDRESS 550 1/2 CORDAY ST
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment Doc #

PO1000027836

40004678

JOHNS FAMILY FENCE INC
550 1/2 CORDAY ST
PENSACOLA, FL 32503

JAN 8, 2003

FL DEPT OF STATE
DIVISION OF CORPORATIONS

IN RE: ERROR ON NAME OF CORPORATION

TO WHOM IT MAY CONCERN,

WHEN I ORIGINALLY INCORPORATED I NOTIFIED THE DEPT OF STATE THAT THE NAME WAS WITH NO APOSTROPHE, AS IT IS AT THE TOP OF THE PAGE IN MY ADDRESS. THERE WAS NO APOSTROPHE ON THE ORIGINAL ARTICLES OF INCORPORATION, BUT SOMEHOW THE APOSTROPHE GOT INSERTED AND IT HAS BEEN IMPOSSIBLE TO REMOVE. I AM ONCE AGAIN ATTEMPTING TO CORRECT THIS PROBLEM. MY LICENSES, MY NAME ON THE EMPLOYERS IDENTIFICATION NUMBER, EVERYTHING IS JUST JOHNS FAMILY FENCE INC, WITH THE EXCEPTION OF THE STATE OF FLORIDA.

WOULD SOMEONE PLEASE TAKE THE TIME TO REMEDY THIS OR LET ME KNOW WHOM I CAN WRITE AND GET THIS RESOLVED.

SINCERELY



ROBERT JOHNS, PRESIDENT
JOHNS FAMILY FENCE INC.