* DID NOT RECEIVE ORIGINAL UBR FORM *

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY -1 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT #: P01000045106

1. Entity Name: CONTRACTOR'S FENCE & RAIL INC

Principal Place of Business: PO Box 161375, ALTAMONTE SPRINGS, FL 32716

Mailing Address:

2. Principal Place of Business:

3. Mailing Address:

Suite, Apt. #, etc | Suite, Apt. #, etc

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number: 59-3717663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JEFF GARNER
808 TOLEDO DR
ALTAMONTE SPRINGS, FL 32714

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 reinstating) 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 Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD JEFF GARNER 808 TOLEDO DR, ALT SPGS FL 32714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400005538344--8 -05/15/02--01072--003 ****150.00 ****150.00
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CR2E034 (9/01)

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] 4/20/02 407 709 4606