## 2003 FOR PROFIT CORPORATION

CITI	VIIII DOCINE	<del></del>		
DOCUMENT # P0100056836  1. Entity Name THE FENCE COMPANY OF SOUTH FLORIDA, INC.				04 FEB 18 AM 8: 26
				SECHETANY OF STATE TALLAHASSEE TI CRIDA
Principal Place of Business 4901 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411  Mailing Address 4901 ROYAL PALM BEACH ROYAL PALM BEACH FL			IALLAHASSEE TI CRIDA	
2. Principal Place of Business 3. Mailing Address				
Sque Sane			- DESCRIPTION OF AU	
Suite, Apt. #, etc. Suite, Apt. #, etc.			REIN DO OFFICE HERE MAND COUNTSES OF	
City & State City & State			4. FEI Number 65-1112463 Applied For Not Applicable	
Zip	Country	Zip	. Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
- J.	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
			Nan -	**7
SPIEGEL & UTRERA, P.A.				itable)
343 ALMERIA AVENUE				
CORAL GABLES FL 33134				Zin Code
·			City	<b>FL</b>
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 bred or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Julian
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PSTD MCGLASHEN, KEENAN 4901 ROYAL PALM BEACH BOU ROYAL PALM BEACH FL 33411	□ Delete  ILEVARD	NAME STREET ADDRESS CITY-ST-ZIP	500029021095 02/18/0401034018 ** <b>9</b> 00.00
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VP YEAGER, PAUL E JR. 4901 ROYAL PALM BEACH BOU ROYAL PALM BEACH FL 33411	<b>₩</b> Delete  JLEVARD	NAME STREET ADDRESS CITY-ST-ZIP	ARTIE BAYCE GLANDCH BUD  ANTAC PARM BCFT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALDONADO, JOSE L 4901 ROYAL PALM BEACH BOU- ROYAL-PALM BEACH FL-33411	JLEVARD	TITLE NAME  NAME  STREET ADDRESS	ANGELA STONESIFER nge X Addition 4901 ROYAL PALM BLH BLUD  MOYAL DALM BLH EL 334(1)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAUGHN, LORRAINE 4901 ROYAL PALM BEACH BOI ROYAL PALM BEACH FL 33411	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD BEENAN Change DAddition  YACI ANYAL PALM BLA BLUD  ACYAL PALM BLA FL 33411
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<ul> <li>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</li> <li>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 I am an officer or director 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 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 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 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 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 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 indicated on this report 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 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 of the corporation or the receiver of the corporation of the corporati</li></ul>				

SIGNATURE:

1-7-04 56/352-3/85
Daytime Phone #