FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90245 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061383

1. Entity Name: ST. SEBASTIAN FENCE COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
540 N. HWY 434	PO BOX 915041
Suite, Apt. # etc. STE. 530	Suite, Apt. # etc.
City & State ALTAMONTE SPRINGS, FL	City & State LONGWOOD, FL
Zip 32714 Country Seminole	Zip 32791-5041 Country Seminole

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3728526 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: WAYNE KINNEY

Street Address (P.O. Box Number is Not Acceptable): 219 COPPET OAK COURT

City: APOPKA FL Zip Code: 32703

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: Wayne Kinney 4-29-03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when changing) (DATE)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - P WAYNE KINNEY 219 COPPET OAK COURT APOPKA, FL 32703
TITLE V/S NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DIANNE GRANT 219 COPPET OAK COURT APOPKA, FL 32703
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne Kinney 4-29-03 407-886-0090
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)