FILED Mar 25, 2002 8:00 am g Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	P01000063324
POLE BARNS & FENCE	S OF BUCKINGHAM, INC.

Principal Place of Business

Mailing Address

3949 EVANS AVE.. #205 FT. MYERS FL 33901

3949 EVANS AVE.. #205 FT. MYERS FL 33901

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2. Principal P	lace of Business	siness 3. Mailing Address			I (OPINOUS II) BRIDY HAIL BORN ORING CUCH GRING CHICA	44 IXIIU KICH DIGN 1041	
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.		DO NOT WRITE IN THIS SPACE		
City & State	е	City & State			4. FEI Number 65-1118078	Applied For Not Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	- 6. Name and Address of Cur	rrent Registered Agent-			7. Name and Address of New Registered Agent		
				Name			
MADKED	MARKER, PEGGY						
				Street Address (P.O. Box Number is Not Acceptable)			
3949 EVA	ANS AVE., #205						
FT. MYEF	RS FL 33901			1			
	·			City	FL Zip Code		
8 The above	named entity submits this stateme	ant for the purpose of chan	aina ite registor	ed office or regist	stered agent, or both, in the State of Florida.		
u. me acove	Thathea chitty adonnes this stateme	chit for the purpose of onar	iging its register	ca office of regis	tered agent, or both, in the state of honda.		
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	d Agent signature requi	ired when reinstating) DATE		
1	<u> </u>				-,		
	oration is eligible to satisfy its Intan	7 1	NOW!!! FEE		10. Election Campaign Financing	\$5.00 May Be	
Tax filling requirement and elects to do so: After May 1, 2002 Fee (See criteria on back) Make Check Payable to De			Trust Fund Contribution.	Added to Fees			
(See Criter	na on back)	Make Check	c Payable to D	epartment of S	tate		
11.	OFFICERS	AND DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 11	
TITLE	D	☐ Dele	ete TITLI	E	☐ Cha	ange 🔲 Addition	
NAMÉ	Marker, Peggy		NAM	E			
STREET ADDRESS	3949 EVANS AVE., #205		STRE	ET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33901		CITY	-ST-ZIP			
TITLE		□ Dele	ete TITLI	-	☐ Chi	ange Addition	
NAME Y		Li Deli	NAM		C11	inge Addition	
				EET ADDRESS			
STREET ADDRESS		1		-ST-ZIP			
CITY-ST-ZIP	4****	· · · · · · · · · · · · · · · · · · ·		-51-21			
TITLE"	المحاصية والمعطور والمجارة المرازع المرازع	Dele			□ Cha	ange 🗌 Addition	
NAME :			NAM	E			
STREET ADDRESS			STRE	ET ADDRESS		}	
CITY-ST-ZIP			CITY	-ST-ZIP			
TITLE		□ Dele	ete TITLI		. Chr	ange	
NAME			NAM	E	-	•	
STREET ADDRESS		ť	STRE	ET ADDRESS			
CITY-ST-ZIP			CITY	-ST-ZIP			
TITLE		Dele			□ Chi	ange Addition	
NAME		□ Dele	ete Titli Nam	ſ		• -	
STREET ADDRESS				ET ADDRESS		ţ O	
OTHER POPPESS	1		m olno	LI DUUNEGO			

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 attach cent with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

NAME 🚬 🚉

STREET ADDRESS

, , ,

☐ Delete

941-275-1766

☐ Change

Addition

03-25-2002 90145 041 ***150.00