

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90369 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000080164*

1. Entity Name

PVC Fence Depot, Inc.

DO NOT WRITE IN THIS SPACE

90014504

2. Principal Place of Business
4603 SW 44th Avenue

3. Mailing Address
4603 SW 44th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dania Beach, FL

City & State
Dania Beach, FL

4. FEI Number
65-1129968

Applied For

Not Applicable

Zip
33314

Country
USA

Zip
33314

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

AGNES A. GAUET

Street Address (P.O. Box Number is Not Acceptable)

4603 SW 44th Avenue

City Dania Beach,

FL

Zip Code
33314

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

1/02/03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<i>P.S.T.O.</i> <i>AGNES A. GAUET</i>	<i>4603 SW 44TH AVE</i>	<i>DANIA BEACH, FL 33314</i>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/02/03

Date

954-915-0282

Daytime Phone #

CR2E034B (12/01)