


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT #</b> P01000094130	
<b>1. Entity Name</b> AMERICAN PRECAST FENCE, INC.	

FILED  
03 APR 30 PM 3:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

<b>Principal Place of Business</b> 2450 SW 137TH AVE., SUITE 221 MIAMI FL 33175	<b>Mailing Address</b> 2450 SW 137TH AVE., SUITE 221 MIAMI FL 33175
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 65-1140347	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>6. Name and Address of Current Registered Agent</b>  A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI FL 33175	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																								
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**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 Block 11 if changed, or on an attachment with an address, with all other (s) empowered.

<b>SIGNATURE:</b> _____	<b>4/29/03</b>	<b>(305) 633-0505</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CP2E034 (10/02)