5/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State
05-13-2002 90194 007 ***150.00

DOCUMENT # P01000113612

1. Entity Name:
All American Fence Company of Jacksonville, Inc.

Principal Place of Business: P.O. BOX 16952 JACKSONVILLE FL 32245-6952

Mailing Address: P.O. BOX 16952 JACKSONVILLE FL 32245-6952

93499

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
227 SO. EDGEWOOD AVE.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FLA.	City & State: SAME
Zip: 32254 Country: DUVAL	Zip: SAME Country: SAME

4. FEI Number: 59-3760448 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ROBERTA B. McCORMACK
3924 SAN CLERC RD.
JACKSONVILLE, FLA. 32217

7. Name and Address of New Registered Agent
Name: SAME
Street Address (P.O. Box Number is Not Acceptable)
City: SAME FL Zip Code

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 Roberta B. McCormack

9. The corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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	
V.P. B.J. McCORMACK, 3924 San Clerc Rd., JAX., FLA. 32217	☐ Delete
SEC. KAREN WEST, 4221 Woodhurst St, Jax Fl 32210.	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Roberta B. McCormack Roberta B. McCormack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Apr 25 02 10:58a