

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90193 012 ***158.75

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DOCUMENT # P01000113612

1. Entity Name

ALL AMERICAN FENCE COMPANY OF JACKSONVILLE, INC.



Principal Place of Business

227 S. EDGEWOOD AVE.
JACKSONVILLE FL 32254

Mailing Address

227 S. EDGEWOOD AVE.
JACKSONVILLE FL 32254

2. Principal Place of Business

227 S Edgewood Ave
Suite, Apt. #, etc.

3. Mailing Address

Same 227 S Edgewood
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Jax Florida

City & State
Jax FL 32254

4. FEI Number 59-3760448

Applied For
Not Applicable

Zip Country
32254 USA

Zip Country
32254 USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMICK, ROBERTA B
3924 SAN CLERC RD
JACKSONVILLE FL 32217

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MCCORMACK, B J 3924 SAN CLERC RD JACKSONVILLE FL 32217 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WEST, KAREN 4221 WOODMERE STREET JACKSONVILLE FL 32210 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 like empowered.

SIGNATURE:

SKAWONTE RECKARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

904-384-6477

Date

Daytime Phone #

CR2E034 (10/02)