


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

Page 102

<b>DOCUMENT #</b> P02000021274 <b>1. Entity Name</b> MR. GREENSOD & FENCING, INC.		 <b>FILED</b> 03 OCT 21 PM 5:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 6449 ROYAL TERN STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.	
<b>City &amp; State</b> ORLANDO FL		<b>City &amp; State</b>	
<b>Zip</b> 32810	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> 01-0610667		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> HAROLD MARKS			
<b>Street Address (P.O. Box Number is Not Acceptable)</b>			
6449 ROYAL TERN STREET			
<b>City</b> ORLANDO		<b>FL</b>	<b>Zip Code</b> 32810
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	HAROLD MARKS, PD 6449 ROYAL TERN STREET ORLANDO FL 32810	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>HAROLD MARKS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>10-14-2003</u> <small>Date Daytime Phone #</small>	

CR2E034B (12/02)

page 252

October 14, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

**Re: MR. GREENSOD & FENCING, INC.**  
**Document#: P02000021274**

This is to advise that we did not receive our 2003 Uniform Business Report in the mail. Unfortunately, as a result, filing of the report was overlooked. We therefore, now enclose the UBR for the year 2003 along with the filing fee of \$150.00.

We apologize for this error and request the abatement of any associated penalties. Your consideration is appreciated.

Sincerely,

**HAROLD MARKS**  
Harold Marks  
President