

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000044729**

1. Entity Name
FENCE EXPRESS BUILDERS INC



Principal Place of Business
8701 SW 111TH TERRACE
GAINESVILLE FL 32608

Mailing Address
8701 SW 111TH TERRACE
GAINESVILLE FL 32608

2. Principal Place of Business
3401 SW 40TH BLVD.

3. Mailing Address
SAME

Suite, Apt. #, etc.
#225

Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

City & State

Zip **32608** Country **USA**

Zip

Country

4. FEI Number

59-3713605

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**WILCOXON, DAN
8701 SW 111TH TERRACE
GAINESVILLE FL 32608**

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.

Dan Wilcoxon

4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be
Added to Fees

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 **PRESIDENT** Delete
NAME **DAN J. WILCOXON**
STREET ADDRESS **3401 SW 40TH BLVD. #225**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **VICE PRESIDENT** Delete
NAME **JOE MATTHEWS**
STREET ADDRESS **3401 SW 40TH BLVD. #225**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **SECRETARY** Delete
NAME **JERRY WILCOXON**
STREET ADDRESS **3401 SW 40TH BLVD. #225**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Dan J. Wilcoxon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

352-495-8447

Date

Daytime Phone #

123690
AV

**FILED
May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90967 019 ***158.75



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)