

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90068 033 ***150.00

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1. Entity Name
JOYNER FENCE COMPANY

Principal Place of Business
**23204 SHINNING STAR DR.
LAND O' LAKES FL 34639**

Mailing Address
**23204 SHINNING STAR DR.
LAND O' LAKES FL 34639**



2. Principal Place of Business
23204 Shinning Star Dr
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Land o lakes FL

City & State

4. FEI Number
39-3757903

Applied For
Not Applicable

Zip
34639

Country

Zip

Country

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

**COXON, LYNNETTE M
23204 SHINNING STAR DR.
LAND O' LAKES FL 34639**

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 *Lynnette Coxon*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-2003

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 ☐ Delete
NAME **PD**
STREET ADDRESS **COXON, LYNNETTE M**
CITY-ST-ZIP **23204 SHINNING STAR DR.
LAND O' LAKES FL 34639**

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **COXON, WAYNE**
CITY-ST-ZIP **23204 SHINNING STAR DR.
LAND O' LAKES FL 34639**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **JOYNER, WALTER**
CITY-ST-ZIP **23204 SHINNING STAR DR.
LAND O' LAKES FL 34639**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Lynnette Coxon **1-6-2003** **(813) 996-7125**

CR2E034 (10/02)