

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000088625			
1. Entity Name BRODEUR FENCE & SUPPLY, INC.			
Principal Place of Business 402 NEEDLES DR PORT ORANGE FL 32127		Mailing Address 402 NEEDLES DR PORT ORANGE FL 32127	
2. Principal Place of Business 402 Needles Dr Suite, Apt. #, etc. Port Orange FL		3. Mailing Address Same Suite, Apt. #, etc.	
City & State		City & State	
Zip 32127	Country Volusia	Zip	Country
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRODEUR, MAURICE R 402 NEEDLES DR PORT ORANGE FL 32127		7. Name and Address of New Registered Agent Name Same 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 <u>Maurice R. Brodeur Pres</u> DATE <u>9/8/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D BRODEUR, MAURICE R SR 402 NEEDLES DR PORT ORANGE FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/03)

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: Maurice R. Brodeur Pres 9/2/03 (386) 763-3255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR