2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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| DOGL | JIVI⊏I | N I # |

P02000120367

1. Entity Name

PROFESSIONAL FENCING OF CENTRAL FLORIDA, INC.



Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90249 026 ***158.75

FILED

| 908 APRIL HILLS BOULEVARD P. LADY LAKE FL 32159 FI | | | P.O. | Mailing Address P.O. BOX 183 FRUITLAND PARK FL 34731 US | | | | | | | | | |
|--|------------------|------------|--------------------------|--|----------------------|--------------|--|---------------------------|--|-------------------|----------------|---------------------|--|
| 2. Principal P | | | | 3. Mai | ling Address | | | | | | | 0))11 (0.61 100) | |
| 2405 N | | 441 | | Cuit | o Ant # oto | | | | | | | | |
| Suite, Apt. Bldg | | | | Suit | e, Apt. #, etc. | | | | 🔀 CHECK HERE IF | MAKING C | HANGES | | |
| City & State | | | | City | & State | | | 4. | FEI Number | | T- TAC | plied For | |
| Fruitland Park FL | | | | | | | " | 55-0805043 Not Applicable | | | | | |
| Zip | | | | Zip | Zip Country | | | | Certificate of Status Desired | \$8.75 Additional | | | |
| 3473 | 1 | La | ke | | | | | J. | Certificate of Status Desired | | e Require | | |
| | 6. Name | and Ac | idress of Current | Registere | ed Agent | | | 7. | Name and Address of New Reg | istered Ag | ent | | |
| DIVON II | | | | | | | Name | | | | | | |
| DIXON, JE | , , ver 21 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | L HILLS BO | • | ARD | | | | | | | | | | |
| LADY LAM | (E FL 3215) | 9 | | | | | | | • | | | | |
| | | | - | | | | City | | | FL | Zip Code | 9 | |
| 8 :The above | named entity | , eubmí | ts this statement fo | or the purp | ose of changing its | register | ed office or i | registered ag | gent, or both, in the State of Florid | | niliar with | and accent | |
| | ions of regist | | | or the purp | lose of changing its | register | sa omec or i | registered ag | gent, or boar, in the state of Florid | a. rannai | inner with | and accept | |
| \ | | | | | | | | | | | | | |
| SIGNATURE - | Signature, typed | or printed | name of registered agent | and title if app | olicable. (NOT | E: Registere | d Agent signatur | e required when re | einstating) | 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 Finan Trust Fund Contribution. | | Added | 0 May Be to Fees | |
| 10. | - | <u> </u> | OFFICERS AND | DIRECTO | | 11. | | AD | DDITIONS/CHANGES TO OFFICE | | | | |
| TITLE | PSTD | | | | ☐ Delete | TITLE | í | | | [| Change | Addition \ | |
| NAME STREET ADDRESS | DIXON, JE | | BOULEVARD | | | NAMI | ET ADDRESS | | | | | { | |
| CITY-ST-ZIP | LADY LAK | | | | | • | -ST-ZIP | | | | | | |
| TITLE | 44. | | | | ☐ Delete | TITLE | | | · | | Change | Addition | |
| NAME | | | | | C Desete | NAMI | | | | | Ontanga | | |
| STREET ADDRESS | مهيده مواد | | مينيه بالمحدودي | | سد سسد. ۱۱ مسعد | STRE | ET ADDRESS* | the second | | | - - | | |
| CITY-ST-ZIP | | | | | | CITY- | ·ST-ZIP | | | | | { | |
| TITLE | | | | | ☐ Delete | TITLE | | | | | Change | Addition | |
| NAME | | | | | | NAM | : | | | | | | |
| STREET ADDRESS | | | | | | • | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | CITY | ST-ZIP | | | | | | |
| TITLE | | | | | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| NAME CTREET ADDRESS | | | | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | ET ADDRESS ST-ZIP | • | | | | | |
| | | | | | | | + | | | | | - Addition | |
| TITLE NAME | | | | | ☐ Delete | TITLE | | | | L | Change | Addition | |
| STREET ADDRESS | • | | | | | | ET ADDRESS | | | | | 1 | |
| CITY-ST-ZIP | | | | | | | ST-ZIP | | | | | | |
| TITLE | | | | | ☐ Delete | TITLE | - | | | Г | Change | Addition | |
| NAME | | | | | - D01010 | NAME | - 1 | | | • | | | |
| STREET ADDRESS | | | | | | | T ADDRESS. | | | | | | |
| CITY-ST-ZIP | | | | | | CITY- | ST-ZIP | | | | | _ | |
| 12 I hereby o | ertify that the | inform | otion supplied with | this filing | door not qualify to | the ever | antion state | d in Contina | 119 07/3/i) Florida Statutos I fur | ther eartify | that the is | formation | |

Indicated on this report or supplied with rins liling does not quality 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03

352-267-4235

Date

Daytime Phone #