## 2003 FOR PROFIT CORPORATION

## **FILED** Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # P02000131024 04-28-2003 90317 037 \*\*\*150.00 1. Entity Name BURTON FENCE OF PINELLAS, INC. Principal Place of Business Mailing Address 1900 - 34 STREET SOUTH 1900 - 34 STREET SOUTH ST PETERSBURG FL 33711 ST PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State ٩a Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BACON, DAVID A Street Address (P.O. Box Number is Not Acceptable) 2959 FIRST AVE NORTH ST PETERSBURG FL 33713 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition Change TITI F TITLE Delete NAME NAME GILLUM, DENNIS STREET ADDRESS STREET ADDRESS 1900 - 34 STREET SOUTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33711 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GILLUM, AMY STREET ADDRESS STREET ADDRESS 1900 - 34 STREET SOUTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33711 - 🔲 Change ☐ Addition ☐ Delète TITLE" TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all other like empowered. changed, or on an attachment with an address

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE** 

TITLE

NAME

TITLE

NAME

TITLE

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STREET ADDRESS

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Daytime Phone #

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