

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

DOCUMENT # **P03000661438**

1. Entity Name **RESIDENTIAL FENCE + DECK INC.**

FILED

04 FEB -4 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same

3. Mailing Address

1140 CARISSA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALL. FL.

4. FEI Number

753118196

Applied For

Not Applicable

Zip

Country

Zip

32308

Country

LEON

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MRS

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Derek William Kild

Street Address (P.O. Box Number is Not Acceptable)

1140 CARISSA DR.

City

TALL.

FL

Zip Code

32308

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CDP**
NAME **Derek Kild**
STREET ADDRESS **1140 CARISSA DR.**
CITY-ST-ZIP **TALL. FL. 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600028660306
02/12/04--01037--017 **150.00

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13. 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 11 or on an attachment with an address, with all other filers empowered.

SIGNATURE:

Derek Kild
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/04

Daytime Phone #

877-5222

CR2E034B (12/01)