2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P93000038270** Sep 22, 2000 8:00 am 1. Entity Name Secretary of State L.C. MASTER FENCE CORPORATION 09-22-2000 90004 024 ***550.00 Principal Place of Business Mailing Address P O BOX 324526 25838 SW 134 AVE PRINCETON FL 33032 PRINCETON FL 33032 US 80107427 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0410350 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARDONA, LUIS A 25821 S.W. 132 AVENUE PRINCETON FL 33032 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD ☐ Change ☐ Addition TITLE ☐ Delete TITI F CARDONA, LUIS A NAME NAME STREET ADDRESS STREET ADDRESS 25821 S.W. 132 AVENUE CITY-ST-ZIP CITY-ST-ZIP PRINCETON FL 33032 ☐ Addition □ Delete TITLE ☐ Change TITLE CARDONA, MARCIA E NAME STREET ADDRESS STREET ADDRESS 25821 S.W. 132 AVENUE CITY-ST-ZIP CITY-ST-ZIP PRINCETON FL 33032 ☐ Delete TITLE Addition TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 Block 12 if