

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060205

1. Entity Name

INVISIBLE FENCE OF THE FIRST COAST INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90046 049 \*\*\*150.00

Principal Place of Business

Mailing Address

5783-9 MINING TERRACE  
 JACKSONVILLE FL 32257  
 US

5783-9 MINING TERRACE  
 JACKSONVILLE FL 32257  
 US

2. Principal Place of Business

3. Mailing Address

5783-9 MINING TERRACE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3324037

Applied For

Not Applicable

Zip

32257

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINVILLE, ROBERT B  
 5783-9 MINING TERRACE  
 JACKSONVILLE FL 32257

Name

JACK R. FITZPATRICK

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

5783-9 MINING TERRACE

City

JACKSONVILLE

FL

Zip Code

32257

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

*Jack R. Fitzpatrick*

JACK R. FITZPATRICK, PRESIDENT

3/9/00

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	LINVILLE, ROBERT B	
STREET ADDRESS	786 CHERRY GROVE RD.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	FITZPATRICK, JACK R	
STREET ADDRESS	1696 PINECREST DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	1646	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIA R. FITZPATRICK	
STREET ADDRESS	1646 PINECREST DR.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jack R. Fitzpatrick*

JACK R. FITZPATRICK

3/9/00

904-262-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 014 (9/99)