

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066139

1. Entity Name

CARTER FENCE COMPANY, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90011 021 ***150.00

Principal Place of Business

3890 7TH AVE NW.
NAPLES FL 34108
US

Mailing Address

3890 7TH AVE NW.
NAPLES FL 34120-1645
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0448418

Applied For

Not Applicable

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

BOLAN, JOHN
871 102ND AVENUE
NAPLES FL 34108

Name

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

City

FL

Zip Code

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]* Ken Carter Pres.

(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 NAME	PD CARTER, KENNETH D	<input type="checkbox"/> Delete
STREET ADDRESS	3890 7TH AVE. N.W.	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE NAME	ST CARTER, LESLIE K	<input type="checkbox"/> Delete
STREET ADDRESS	3890 7TH AVE. NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE NAME	V FLAGG, HAROLD A	<input type="checkbox"/> Delete
STREET ADDRESS	130 4TH ST SE.	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	V SCHROFFER, FRANCIS C	<input type="checkbox"/> Delete
STREET ADDRESS	1216 ROSEMARY LN	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)