

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048777

1. Entity Name

FT. MYERS FENCE CO.

Principal Place of Business

1417 DEL PRADO BLVD SUITE 477
CAPE CORAL FL 33990

Mailing Address

1417 DEL PRADO BLVD SUITE 477
CAPE CORAL FL 33990-3749

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 65-0504660

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

GOBERT, JAMES L SR
2 NE 8TH PL
CAPE CORAL FL 33909

Name

JAMES L. GOBERT, SR.

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

2021 N.W. 1ST AVENUE

City

CAPE CORAL

FL

Zip Code

33993-4104

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

James L. Gobert

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)

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
STREET ADDRESS
CITY-ST-ZIP

D
GOBERT, JAMES L SR
2 NE 8TH PL
CAPE CORAL FL 33909

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GOBERT, JAMES L. SR
2021 N.W. 1ST AVENUE
CAPE CORAL, FL 33993-4104

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

James L. Gobert
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/00

Date

(941) 772-2757

Daytime Phone #

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90040 004 ***150.00

C0039197



DO NOT WRITE IN THIS SPACE