2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000048847

DOCUMENT # 1. Entity Name

BERT'S FENCE, INC.

Principal Place of Business 2315 12TH AVE W

Mailing Address 2315 12TH AVE W



04-28-2003 91279 037 ***150.00

11023012

BRADENTON I	FL 34205		BRAD	BRADENTON FL 34205								
2. Principal Place of Business			3. Mai	3. Mailing Address				1 100/5007 ELO 10/17 0/01/00/07/00/18 04	illi varil		,1811 1931 1991	
Suite, Apt, #.etc.				Suite; Apt; #; etc.;				CHECK HERE IF MAKING CHANGES				
City & State				City & State				65-0503862 Applied Fo			plied For	-
Zip Country			Zip		Count	iry 5. (5. Certificate of Status Desired S8.75 Additional Fee Required				1
	and Address of C	urrent Registere	d Agent	 	7. Name and Address of New Registered Agent							
					Name							
-	JAMES D J	R.			Street Address (P.O. Box Number is Not Acceptable)						1	
1111 THIF SUITE 150						<u></u>						1
BRADENT	ON FL 342	05				City			FL	Zip Code	э	1
the obligat	ions of regist		ment for the purp	ose of changing its	registere	d office or regist	tered ag	ent, or both, in the State of Florida	ı. Iam	familiar with,	and accept	
SIGNATURE .	Signature typed	or printed name of register	red agent and title if app	licable (NOT	E: Registered	Agent signature requi	red when re	pinstating)	DATE			
After	May 1, 200	LEEE IS \$150.03 Fee will be \$5 Florida Departn	50.00			<u> </u>		Election Campaign Financ Trust Fund Contribution.	· -		0 May Be I to Fees	
10.		OFFICER	S AND DIRECTO				AD	DITIONS/CHANGES TO OFFICE	RS ANI	DIRECTORS	3 IN 11	1
TITLE NAMÉ	D HALLER, EDWARD D			☐ Delete		TITLE NAME				☐ Change	☐ Addition	10/02)
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NAME						NAME						١٧,
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR