

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90053 045 \*\*\*150.00

DOCUMENT # **P97000003424**

1. Entity Name  
**FENCES UNLIMITED, INC.**

Principal Place of Business

Mailing Address

~~13630 72ND COURT N.  
 WEST PALM BEACH FL 33412~~

~~13630 72ND COURT N.  
 WEST PALM BEACH FL 33412~~

**8452 Okeechobee Blvd.  
 West Palm Beach Florida**

**8452 Okeechobee Blvd.  
 West Palm Beach Florida**

2. Principal Place of Business

**33411**

3. Mailing Address

**33411**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

DO NOT WRITE IN THIS SPACE

**65-0723290**

~~59-0723290~~

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

**AURICCHIO, MARIO**

~~13630 72ND COURT N.  
 WEST PALM BEACH FL 33412~~

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, 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, 2002 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	Delete
	<b>D</b>			<input type="checkbox"/>
TITLE	<b>AURICCHIO, MARIO</b>	<del>13630 72ND COURT N.</del>	<del>WEST PALM BEACH FL 33412</del>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>
TITLE				<input type="checkbox"/>
TITLE				<input type="checkbox"/>
TITLE				<input type="checkbox"/>
TITLE				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>8452 Okeechobee Blvd.</b>	<b>West Palm Beach, Florida 33411</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	<b>VP</b>	<b>Auricchio, Maria Elena</b>	<b>8452 Okeechobee Blvd</b>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>West Palm Beach, FL 33411</b>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 the empowered.

SIGNATURE: **Maria Elena Auricchio** 1/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

report fileable 1/29/02