2002 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P97000 1. Entity Name FENCES UNUMITED, INC.	0003424		Secretary of State , 02-14-2002 90053 045 ***150.00
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Principal Place of Posiness 13630 72ND COURT N. WEST PAIN BEACH FL 33412 845 Z OKERCHODER Blud. West Pain Beach Florida	Mailing Actiress 13630 And Court N. WEST PALIN BEACH FL 33	3412 Sepahobe	e El vel.
	3. Mailing Address	DEVOY LIC	334 (1) 1111111111111111111111111111111111
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number 59 0723290 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Regulred
5. Name and Address of Current Rec	istered Agent	N	7. Name and Address of New Registered Agent
AURICCHIIO, MARIO 13830 72ND COURT N WEST PALM BEACH FL-33412		Street A	Address (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
8. The above named entity submits this statement for the SIGNATURE Signature, typed or printed name of registered agent and till			or registered agent, or both, in the State of Florida.
· · · · · · · · · · · · · · · · · · ·		FEE IS \$150. 2 Fee will be \$1	.00 10. Election Campaign Financing \$5.00 May Be
11. OFFICERS AND DIR	ECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D AURICCHIO, MARIO STREET ADDATES 13830 72ND COURT-N. CITY-ST-ZIP WEST PALM BEACH FL 33412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8452 Okeechobee Blad. West Palm Beach, Florida 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anricchio, Maria Elena 8452 Okeechobee Block West Palm Beach Fr 33411
TITLE NAME STREET ADDRESS CITY-ST-21P	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	added back to the corporate record, She executed the report as vice President. The vandor that processes the reports
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	accepted the document Change Addition listed as an officer. Ms funication to the was re-added to the record to make the led in Section 119.07(3)(i), Florida Statues. I further certify that the information report ave the same legal effect as if made under oath; that I am an officer or director.

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 the chapter of the corporation or the receiver or trustee empowered.

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