

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030206

1. Entity Name

QUALITY FENCE CONTRACTORS INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90043 036 ***150.00

Principal Place of Business

1403 SE WALTON LAKES DR
PORT ST. LUCIE FL 34952
US

Mailing Address

1403 SE WALTON LAKES DR.
PORT ST. LUCIE FL 34952-7049
US

2. Principal Place of Business

2513 SE Richmond ST.
Suite, Apt. #, etc.

3. Mailing Address

2513 SE Richmond ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie FL

City & State

Port St. Lucie FL

4. FEI Number

65-0742156

Applied For

Not Applicable

Zip

34952

Country

ST Lucie

Zip

34952

Country

St. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIERSTEAD, JAMES J
2108 SE WALTON LAKES DR
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name Kierstead, James J

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

2513 SE Richmond ST.

City Port St. Lucie

FL

Zip Code 34952

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 J Kierstead

President James J Kierstead

4-14-00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KIERSTEAD, JAMES J	
STREET ADDRESS	2108 SE WALTON LAKES DR	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Kierstead, James J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2513 SE Richmond ST	
STREET ADDRESS	Port St. Lucie FL 34952	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

James J Kierstead

James J Kierstead, President 4-14-00

Date

561-879-9126

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)