

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90458 047 ***150.00

DOCUMENT # P97000030206

1. Entity Name

QUALITY FENCE CONTRACTORS INC.

Principal Place of Business

**496 SOUTHWEST VOLTAIR TERRACE
PORT SAINT LUCIE FL 34984
US**

Mailing Address

**2513 SE RICHAMOND ST
PORT ST. LUCIE FL 34952
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2101 S.E. Heathwood Cir.

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Port St. Lucie FL.

Zip

34952

Country

U.S.A

4. FEI Number

65-0742156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIERSTEAD, JAMES J

2513 SE RICHMOND ST

PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

James J Kierstead

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

2101 SE Heathwood Cir.

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

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

TITLE **P** ☐ Delete
NAME **KIERSTEAD, JAMES J**
STREET ADDRESS **2513 SE RICHMOND ST**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President,** ☒ Change ☐ Addition
NAME **James J Kierstead**
STREET ADDRESS **2101 SE Heathwood Cir**
CITY-ST-ZIP **Port St. Lucie FL. 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

3-29-02

772-879-9126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0561899 AV

CR2E034 (9/01)