FILED

Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90174 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000030206 DOCUMENT

1. Entity Name

QUALITY FENCE CONTRACTORS INC.



						COO W								
Principal Place of Business 498 SOUTHWEST VOLTAIR TERRACE PORT SAINT LUCIE FL 34984 US			Mailing Address 2101 SE HEATHWOOD CIR PORT SAINT LUCIE FL 34952 US											
2. Principal Place of Business			3. Mailing Address					.		FOII BENI D				
Suite, Apt. #, etc.			Suite, Apt. #, etc.						☐ CHE	CK HERE	IF MAKIN	NG CHAN	IGES	
City & State			City & State					4. FEI Number 65-0742156						plied For t Applicable
Zip	Zip Country			Zip Co			:	5. Certificat	e of Status	Desired		\$8.75 Fee Re	Add	itional
6. Name and Address of Current I				ed Agent			<u>'</u>	7. Name an	d Address	of New F	Registere		•	
			*** -	in the street of the street		Name [⇒] ⊸		مقوات بداخه		Fra rige			÷	
KIERSTEAD, JAMES J 2101 SE HEATHWOOD CIR						Street Ad	idress (P.C	D. Box Numb	er is Not A	cceptable	e)			
PORT SAINT					*,		· · · · · -							
						City					F	┗╵	Code	
The above name the obligations	ned entity of registe	submits this statement for red agent.	or the purp	oose of changing its	register	ed office or i	registered	agent, or bo	oth, in the S	itate of Fid	orida. I ar -	n familiar	with, a	and accept
SIGNATURE Signa	sture, typed o	r printed name of registered agent	and title if app	plicable. (NOT	E: Registere	d Agent signatur	e required who	en reinstating)			DATE			
After Ma	y 1, 2003	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State						lection Car rust Fund C	, -	-			May Be to Fees
10.		OFFICERS AND	DIRECTO	DRS	11.			ADDITIONS	/CHANGE	S TO OFF	ICERS AN	ND DIREC	TORS	IN 11
STREET ADDRESS 210	01 SE H	D, JAMES J EATHWOOD CIR IT LUCIE FL 34952		☐ Delete			·	•				□ Chi	ange	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		,		☐ Delete		1						☐ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		-	□ Delete			• :	مسور و الأنجس و			* 2. g w	□ Cha	inge	Addition
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ITLE IAME STREET ADDRESS SITY-ST-ZIP		·		☐ Delete		1						□ Cha	inge	Addition

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: