

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075057

1. Entity Name
PROFESSIONAL FENCE COMPANY

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90046 008 ***150.00

Principal Place of Business
1059 APRICOT AVE., SE
PALM BAY FL 32909

Mailing Address
1059 APRICOT AVE., SE
PALM BAY FL 32909-4908

2. Principal Place of Business
730 Campina Ave SE
Suite, Apt. #, etc.
Palm Bay, FL 32909-4513
City & State

3. Mailing Address
730 Campina Ave SE
Suite, Apt. #, etc.
Palm Bay, FL 329094513
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3469937**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILSON, ROBIN
1059 APRICOT AVE., SE
PALM BAY FL 32909

7. Name and Address of New Registered Agent

Name **Wilson, Robin**
Street Address (P.O. Box Number is Not Acceptable)
730 Campina Ave SE
City **Palm Bay** **FL** **32909-4513**

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, 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 **D**
NAME **WILSON, JOHN**
STREET ADDRESS **1059 APRICOT AVE., SE**
CITY-ST-ZIP **PALM BAY FL 32909**
☐ Delete

TITLE **D**
NAME **WILSON, ROBIN**
STREET ADDRESS **1059 APRICOT AVE., SE**
CITY-ST-ZIP **PALM BAY FL 32909**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Wilson, John**
STREET ADDRESS **730 Campina Ave SE**
CITY-ST-ZIP **Palm Bay, FL 32909-4513**

TITLE **D** ☒ Change ☐ Addition
NAME **Wilson, Robin**
STREET ADDRESS **730 Campina Ave SE**
CITY-ST-ZIP **Palm Bay, FL 32909-4513**

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: ROBIN WILSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 407-723-3722
Date Daytime Phone #

CR2ER34 (9/99)