

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004125

1. Entity Name

ATLAS FENCE & RAILING MANUFACTURING, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90137 001 ***150.00

Principal Place of Business

1650 NW 23 AVE.
FT. LAUDERDALE FL 33311

Mailing Address

1650 NW 23 AVE.
FT. LAUDERDALE FL 33351-6300

2. Principal Place of Business

3832 N University Dr
Suite, Apt. #, etc.

3. Mailing Address

3832 N University Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sunrise FL

City & State

Sunrise, FL

4. FEI Number

65-0807261

Applied For

Not Applicable

Zip

Country

33351

Zip

Country

33351

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOLE, JACKIE
1650 NW 23 AVE.
FT. LAUDERDALE FL 33311

Name

Woolf, Jackie

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

3832 N University Dr

City

Sunrise

FL

Zip Code

33351

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WOOLF, JACKIE ☐ Delete
STREET ADDRESS 1650 NW 23 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE P
NAME Woolf, Jackie ☐ Change ☐ Addition
STREET ADDRESS 3832 N University Dr.
CITY-ST-ZIP Sunrise, FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)