

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066681

1. Entity Name  
NATIONAL CUSTOM FENCE, INC.

Principal Place of Business

200 KELLWOOD CT.  
KISSIMMEE FL 34743-8318

Mailing Address

200 KELLWOOD CT.  
KISSIMMEE FL 34743-8318

2. Principal Place of Business

8002 Winpine Ct  
Suite, Apt. #, etc.

3. Mailing Address

8002 Winpine Ct  
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number 59-3525016

Applied For

Not Applicable

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

BAUMRUK, ANDREW J CPA  
717 E. OAK ST.  
KISSIMMEE FL 34744

Name

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

City

FL

Zip Code

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, 2001 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	<input type="checkbox"/> Delete
NAME	WADSWORTH, DANIEL	
STREET ADDRESS	200 KELLWOOD CT.	
CITY-ST-ZIP	KISSIMMEE FL 34743-8318	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADSWORTH, DANA	
STREET ADDRESS	200 KELLWOOD CT.	
CITY-ST-ZIP	KISSIMMEE FL 34743-8318	
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	Wadsworth, Daniel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8002 Winpine Ct	
STREET ADDRESS	Orlando, FL 32819	
CITY-ST-ZIP		
TITLE	Wadsworth, Dana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8002 Winpine Ct.	
STREET ADDRESS	Orlando, FL 32819	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)