

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107071

1. Entity Name

BIG RED FENCING INC.

Principal Place of Business

2004 -49TH ST. E.  
PALMETTO FL 34221

Mailing Address

2004 -49TH ST. E.  
PALMETTO FL 34221-9168

2. Principal Place of Business

2717 11TH AVE. West  
Suite, Apt. #, etc.

3. Mailing Address

2717 11TH AVE. West  
Suite, Apt. #, etc.

City & State

Bradenton, FLORIDA

Zip  
34205

Country

City & State

Bradenton, FLORIDA

Zip

34205

Country

4. FEI Number

65-0884077

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, PATRICK  
2004 -49TH ST E.  
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name: ALLEN, PATRICK G.

Street Address (P.O. Box Number is Not Acceptable)  
2717 11TH AVE. WEST

City Bradenton

FL

Zip Code  
34205

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

*Patrick G. Allen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 10, 2000

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 NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, PATRICK G 2004 -49TH ST E. PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, SUE 316 -39TH ST E. PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, PATRICK G. 2717 11TH AVE. West Bradenton, FL, 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. BELL, SUE E. 2006 31st. street west Bradenton, FL, 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Patrick G. Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

APR 10, 2000 941-708-0240

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90079 017 \*\*\*158.75



DO NOT WRITE IN THIS SPACE