

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000187

1. Entity Name

CENTRAL FLORIDA Fence, Inc.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90174 049 ***150.00

Principal Place of Business

Mailing Address

118 West Orange Ave
Altamonte Springs FL
32714

118 West Orange Ave
ALTAMONTE Springs FL
32714

2. Principal Place of Business

711 Lakeside Place

3. Mailing Address

711 Lakeside Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-3548951

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

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

Spiegel & Utrera, PA
343 Almeria Ave
Coral Gables FL 33134

Name

Thomas J. Serafine

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

711 Lakeside Place

City

Longwood

FL

Zip Code

32750

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

Thomas Serafine

(NOTE: Registered Agent signature required when reinstating)

1/20/00

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: PSD
NAME: Serafine, Thomas J
STREET ADDRESS: 118 West Orange Ave
CITY-ST-ZIP: Altamonte Springs FL 32714 ☐ Delete

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 711 Lakeside Place
CITY-ST-ZIP: Longwood FL 32750

TITLE: VTD
NAME: Smith, Chris D
STREET ADDRESS: 118 West Orange Ave
CITY-ST-ZIP: Altamonte Springs FL 32714 ☒ Delete

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:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

Daytime Phone #

CR2E034 (9/99)