

2000 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED

May 19, 2000 8:00 am
Secretary of State

04-20-2000 90073 001 ***158.75

DOCUMENT # P99000021298

1. Entity Name

HIDDEN FENCE COMPANY

Principal Place of Business

Mailing Address

3948 SOUTH THIRD STREET #336
JACKSONVILLE BEACH FL 32250

3948 SOUTH THIRD STREET #336
JACKSONVILLE BEACH FL 32250-5847

2. Principal Place of Business

3. Mailing Address

3435 Phillips Hwy

3435 Phillips Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B-205

Suite B-205

City & State

City & State

Jax, FL

Jax, FL

Zip

Country

Zip

Country

32207

32207

4. FEI Number

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

GUIDI, DENNIS E
1837 HENDRICKS AVENUE
JACKSONVILLE FL 32207

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, 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 PVST
NAME GUIDI, DAVID E ☐ Delete
STREET ADDRESS 3948 SOUTH THIRD STREET #336
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 *change address*

TITLE PVST ☒ Change ☐ Addition
NAME Guidi, David E
STREET ADDRESS 3435 Phillips Hwy Ste B-205
CITY-ST-ZIP Jax, FL 32207

TITLE D ☐ Delete
NAME GUIDI, DAVID E
STREET ADDRESS 3948 SOUTH THIRD STREET #336
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 *change address*

TITLE D ☒ Change ☐ Addition
NAME Guidi, David E
STREET ADDRESS 3435 Phillips Hwy Ste B-205
CITY-ST-ZIP Jax, FL 32207

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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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

Daytime Phone #

399-3700

CR2E034 (9/99)