

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90703 004 ***150.00

DOCUMENT # P99000021298

1. Entity Name

HIDDEN FENCE COMPANY

Principal Place of Business

3435 PHILLIPS HWY

STE B-205

JACKSONVILLE FL 32207

Mailing Address

3435 PHILLIPS HWY

STE B-205

JACKSONVILLE FL 32207

2. Principal Place of Business

6900 Phillips Hwy

Suite, Apt. #, etc.

Suite 31

City & State

Jacksonville, FL

Zip

32216

Country

3. Mailing Address

6900 Phillips Hwy

Suite, Apt. #, etc.

Suite 31

City & State

Jacksonville, FL

Zip

32216

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUIDI, DENNIS E

1837 HENDRICKS AVENUE

JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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, 2002 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 ☐ Delete
NAME **PVST**
STREET ADDRESS **GUIDI, DAVID E**
CITY-ST-ZIP **3435 PHILLIPS HWY., STE B-205**
JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GUIDI, DAVID E**
CITY-ST-ZIP **3435 PHILLIPS HWY., STE B-205**
JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 or without other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
Date

296-7777
Daytime Phone #

CR2E034 (9/01)