

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90140 013 ***150.00

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DOCUMENT # P99000034398

1. Entity Name
THE FENCE BUILDER, INC.



Principal Place of Business
**641 PINE HOLLOW LANE
WEST PALM BEACH FL 33413**

Mailing Address
**641 PINE HOLLOW LANE
WEST PALM BEACH FL 33413**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0914800**

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

**CAMPBELL, ALLAN B
641 PINE HOLLOW LANE
WEST PALM BEACH FL 33413**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D CAMPBELL, ALLAN B**
STREET ADDRESS **641 PINE HOLLOW LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

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

TITLE ☒ Delete
NAME **VP CAMPBELL, JIM**
STREET ADDRESS **14399 PADDOCK DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE ☒ Delete
NAME **MONTGOMERY, WILLIAM**
STREET ADDRESS **2091 54TH TRAIL S.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE ☒ Delete
NAME **S MONTGOMERY, JOSEPH**
STREET ADDRESS **13265 59TH COURT NORTH**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☒ Addition
NAME **VP KELLER, MIKE**
STREET ADDRESS **4771 LUQUI COURT**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S SHUMATE, FRANKLIN**
STREET ADDRESS **13794 51st ST NORTH**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T WRIGHT, BILL**
STREET ADDRESS **6803 WALLIS RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

12. 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 10 or Block 11 if changed, or on an attachment with the address, with all other persons empowered.

ALLAN B CAMPBELL

SIGNATURE:

Allan B Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/03 561-687-3456

Date

Daytime Phone #

CR2E034 (10/02)