2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000067314 **DOCUMENT #**

1. Entity Name

ALEXANDER BROS. FENCING, INC,



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90102 020 ***150.00

Principal Place of BL 35708 CHANCEY RD ZEPHYRHILLS FL 335	541	Mailing Address 35708 CHANCEY RD ZEPHYRHILLS FL 33541						
2. Principal Place of Business 5239 414 Street Suite, Apt. #, etc.		3. Mailing Address 5238 4th Street Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State 2 cohy ch	ills. FL	City & State 2 Cohy chills	FL	4. F	^{EI Number} 59-3589534		Applied For Not Applicable	
33542	Country USA	33542	Country USA		Certificate of Status Desired	\$8.75 A		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
Name								
SPIEGEL & UTRERA, P.A. Street Addre				ddress (P.O. B	ress (P.O. Box Number is Not Acceptable)			
# 1840 S.W. 22ND STREET., 4TH FLOOR								
MIAMI FL 33145								
\			City			Zip Co	de	
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								
CHIC MONITH FEE 10 0450 00								
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ### State								
10.	OFFICERS AND D	IRECTORS	11.		DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
STREET ADDRESS 2492	(ANDER, KEVIN M 8 JOINER COURT ! FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALEXAN 349 14 260by	DER, KEUIN M TECVICU LANC Thills; FL 33541	E Change	☐ Addition	
STREET ADDRESS 2492	(ANDER, TIMOTHY B 8 JOINER COURT 1 FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEX A	MDER, Timothy B by street hills, FL 33540	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME *STREET ADDRESS > CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	hat the information currellard with	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and in Continu	I 19.07(3)(i), Florida Statutes. I further	Change	Addition	

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 an address, with all other like empowered.

SIGNATURE: TLENGMINOUY PRIKONSPANAL xander

Daytime Phone #