

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90137 011 ***550.00

DOCUMENT # S30683

1. Entity Name
ACE KING OF FENCES, INC.

Principal Place of Business

**2186 NE 59TH COURT
 FT. LAUDERDALE FL 33308
 US**

Mailing Address

**2186 NE 59TH COURT
 FT. LAUDERDALE FL 33308
 US**

2. Principal Place of Business

751 NE 45 STREET

Suite, Apt. #, etc.

3. Mailing Address

5340 SW 38 Way

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE, FL.

Zip
33334

Country
USA

City & State
Hollywood, FL.

Zip
33312

Country
USA

4. FEI Number
65-0243694

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRAWFORD, JARRELL W.
 2186 NW 59TH COURT
 FT. LAUDERDALE FL 33308**

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
D
 NAME
CRAWFORD, JARRELL W.
 STREET ADDRESS
2186 NE 59TH COURT
 CITY-ST-ZIP
FT. LAUDERDALE FL 33308

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
 NAME
Crawford, Jarrell W.
 STREET ADDRESS
5340 SW 38 WAY
 CITY-ST-ZIP
Hollywood, FL. 33312

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

9/3/02

954-491-8901

CR2E034 (9/01)