2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V05834** Feb 16, 2000 8:00 am 1. Entity Name **Secretary of State** MC FATTER FENCE & SERVICES, INCORPORATED 02-16-2000 90054 025 ***150.00 Principal Place of Business Mailing Address 308 W. BALDWIN RD. 308 W. BALDWIN RD. PANAMA CITY FL 32405-3311 PANAMA CITY FL 32405 811576 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3100522 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCFATTER, THOMAS H. Street Address (P.O. Box Number is Not Acceptable) 308 W. BALDWIN RD. <u> 1312 North East Ave</u> PANAMA CITY FL 32405 Zip Code Panama City 32401 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot n the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change Addition ☐ Delete TITLE TITI F NAME MCFATTER, THOMAS H NAME STREET ADDRESS STREET ADDRESS 308 W. BALDWIN RD 1312 North East Ave CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 Panama City F1 32401 TITLE ☐ Delete TITLE ☐ Addition MCFATTER, MICHAEL B NAME NAME STREET ADDRESS STREET ADDRESS 2302 PENTLAND ROAD 1312 North East Ave CITY-ST-ZIP CITY - ST - ZIP LYNN HAVEN FL 32444 Panama City Fl 3240 Change Addition ☐ Delete TITLE TITLE NAME MCFATTER, JOHN NAME STREET ADDRESS STREET ADDRESS 1312 North East Ave 1312 EAST AVE. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 suppliemental 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

76906Cf

Daytime Phone #