

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11442

1. Entity Name

ATLANTIC FENCE OF BREVARD, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90037 001 \*\*\*150.00

Principal Place of Business  
4640 N. HARBOUR CITY BLVD.  
MELBOURNE FL 32935  
US

Mailing Address  
4640 N. HARBOR CITY BLVD.  
MELBOURNE FL 32935-7204  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3110450** Applied For  
Not Applicable

Zip Country

Zip Country

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

HARTWIGS, CARL D  
4640 N HARBOR CITY BLVD  
MELBOURNE FL 32935

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HARTWIGS, CARL D  
4640 N. HARBOUR CITY BOULEVARD  
MELBOURNE FL 32935 ☐ Delete

TITLE  
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CITY-ST-ZIP  
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TITLE  
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CITY-ST-ZIP  
HEIM, CHARLES E JR.  
2040 A1A, SUITE 201  
INDIAN HARBOUR BEACH FL 32937 ☐ Delete

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TITLE  
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HARTWIGS, KARL  
4640 N. HARBOUR CITY BOULEVARD  
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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 REQUIRED**

1-4-2000 (321) 255-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #