

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90037 047 ***150.00

DOCUMENT # V29809
1. Entity Name

WALLACE FENCE COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

688 Ruta De ARBOL
Suite, Apt. #, etc.

3. Mailing Address

688 Ruta De ARBOL
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

APOPKA FLORIDA

City & State

APOPKA FLORIDA

4. FEI Number

59-3118662

Applied For

☐ **Not Applicable**

Zip
32712

Country

USA.

Zip

32712

Country

USA.

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

7. Name and Address of Current Registered Agent

Name Rowell, ANN K.

Street Address, P.O. Box Number (if Not Applicable)
688 Ruta De ARBOL

City

APOPKA.

FL

Zip Code

32712

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 VDS
NAME WALLACE, George W., SR.
STREET ADDRESS 688 Ruta De ARBOL
CITY - ST - ZIP APOPKA, FL 32712

TITLE PTD
NAME Rowell, ANN K.
STREET ADDRESS 688 Ruta De ARBOL
CITY - ST - ZIP APOPKA, FL 32712

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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 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 #

Ann K. Rowell, President ANN K. ROWELL 3-10-02 407-884-8882

CR2E034B (12/01)