

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90205 021 ***150.00

DOCUMENT # V31551

1. Entity Name
ALLIED FENCE U.S.A. CORPORATION

Principal Place of Business

**609 WILMER AVE
 ORLANDO FL 32808
 US**

Mailing Address

**P O BOX 561607
 ORLANDO FL 32856
 US**

2. Principal Place of Business

4424 SEABOARD RD

3. Mailing Address

Suite, Apt. #, etc.
 Suite C

Suite, Apt. #, etc.

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3124714**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VARVEL, RON
 72 W JERSEY ST
 ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name **RON VARVEL**
 Street Address (P.O. Box Number is Not Acceptable)
4424 SEABOARD
 City **ORLANDO** FL Zip Code **32808**

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 **P** ☐ Delete
 NAME **VARVEL, RON**
 STREET ADDRESS **609 WILMER AVE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VP** ☐ Delete
 NAME **VARVEL, BRENDA**
 STREET ADDRESS **609 WILMER AVE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **RON VARVEL** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4424 SEABOARD RD**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **BRENDA VARVEL** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4424 SEABOARD RD**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)