

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G92156**

1. Entity Name

**SUNCOAST SAFE & LOCK, INC.**

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90026 011 \*\*\*158.75

Principal Place of Business

Mailing Address

5404 AIRPORT RD  
 TAMPA FL 33634  
 US

5404 AIRPORT ROAD  
 TAMPA FL 33634-5310  
 US

2. Principal Place of Business

**5404 AIRPORT BLVD.**

3. Mailing Address

**5404 AIRPORT BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

4. FEI Number

**36-3221086**

Applied For

Not Applicable

Zip

**33634**

Country

**USA**

Zip

**33634**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HIMERT, GLEN W.  
 5404 AIRPORT ROAD  
 TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name **GARY W. HIMERT**

Street Address (P.O. Box Number is Not Acceptable)

**5404 AIRPORT BLVD.**

City **TAMPA**

**FL**

Zip Code **33634**

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

*Gary W. Himert* **GARY W. HIMERT, PRESIDENT**

**3/27/00**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	HIMERT, GLENN W.	5404 AIRPORT ROAD	TAMPA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/D	HIMERT, GARY W.	5404 AIRPORT BLVD.	TAMPA, FL 33634	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	SCHEER, CHARLES	5404 AIRPORT BLVD.	TAMPA, FL 33634	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/S/D	HIMERT, BRIAN W.	5404 AIRPORT BLVD.	TAMPA, FL 33634	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	HIMERT, FREDERICK	5404 AIRPORT BLVD.	TAMPA, FL 33634	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Gary W. Himert* **GARY W. HIMERT, PRESIDENT** **3/27/00** **(813) 882-3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)