

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # G92156**

1. Entity Name  
**SUNCOAST SAFE & LOCK, INC.**

Principal Place of Business		Mailing Address	
5404 AIRPORT BLVD		5404 AIRPORT BLVD	
TAMPA	FL	TAMPA	FL
33634	US	33634	US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number	Applied For
<b>36-3221086</b>	<input type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent

**HIMERT, GLEN W.**  
 5404 AIRPORT BLVD

TAMPA FL 33634 US

7. Name and Address of New Registered Agent

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 **GARY W. HIMERT**

**04/27/2001**

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, 2001 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	D	<input type="checkbox"/> Delete	
NAME	HIMERT FREDERICK		
STREET ADDRESS	5404 AIRPORT BLVD		
CITY-ST-ZIP	TAMPA FL 33634		
TITLE	TSD	<input type="checkbox"/> Delete	
NAME	HIMERT BRIAN W		
STREET ADDRESS	5404 AIRPORT BLVD		
CITY-ST-ZIP	TAMPA FL 33634		
TITLE	V	<input type="checkbox"/> Delete	
NAME	SCHEER CHARLES		
STREET ADDRESS	5404 AIRPORT BLVD		
CITY-ST-ZIP	TAMPA FL 33634		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	HIMERT GARY W		
STREET ADDRESS	5404 AIRPORT ROAD		
CITY-ST-ZIP	TAMPA FL 33634		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: **GARY W. HIMERT**

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04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)