

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90068 004 ***150.00

DOCUMENT # P02000049372

1. Entity Name
A-1 BEST LOCK & DOOR, INC.



Principal Place of Business
**2059 SW 15TH ST.
DEERFIELD BEACH FL 33442**

Mailing Address
**2059 SW 15TH ST.
DEERFIELD BEACH FL 33442**



2. Principal Place of Business
**2182 N.W. 18th Ave.,
Suite, Apt. #, etc.
Bay #18**

3. Mailing Address
**2182 N.W. 18th Ave.,
Suite, Apt. #, etc.
Bay #18**

City & State
Pompano Beach, Fl.

City & State
Pompano Beach, Fl.

Zip Country
33069 U.S.A.

Zip Country
33069 U.S.A.

4. FEI Number
01-0685511

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MULL, DAVID
2059 SW 15TH ST.
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name
David Mull
Street Address (P.O. Box Number is Not Acceptable)
**2182 N.W. 18th Ave.,
City FL Zip Code
Pompano Bch., 33069**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

*** FILE NOW!!! FEE IS \$150.00**
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	PST D				
	David Mull	2182 N.W. 18th Ave., Bay 18	Pompano Bch., Fl. 33069		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/20/03** **954-570-7330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #