

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90169 001 ***900.00

DOCUMENT # 210059

1. Entity Name

SPRING LOCK SCAFFOLDING OF FLORIDA INC

Principal Place of Business

1600 S DIVISION AVENUE
 ORLANDO FL 32805

Mailing Address

2600 N 2ND ST
 PHILADELPHIA PA 19133-3410
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0822615**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEMUS, MARTHA
602 S. ARMENIA AVE.
TAMPA FL. 33609

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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	PD	<input type="checkbox"/> Delete
NAME	RAPOPORT, ERNEST	
STREET ADDRESS	214 PARKVIEW RD	
CITY-ST-ZIP	CHELtenham, PA 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RAPOPORT, JEFFREY	
STREET ADDRESS	458 N APPLE TREE LN	
CITY-ST-ZIP	LAFAYETTE HILL, PA 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAPOPORT, MITCHELL	
STREET ADDRESS	214 PARKVIEW RD	
CITY-ST-ZIP	CHELtenham PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAPOPORT, RANDY	
STREET ADDRESS	214 PARKVIEW RD	
CITY-ST-ZIP	CHELtenham PA	
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		
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CITY-ST-ZIP		
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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 another like empowered.

SIGNATURE:

Jeffrey Rapoport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

305-426-1605

Daytime Phone #

CR2E034 (9/99)