

2001 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
May 23, 2001 8:00 am
Secretary of State

05-05-2001 90648 001 ***300.00

DOCUMENT # 519893

1. Entity Name

ALEXANDER-TUTTLE LOCK & SAFE, INC.

Principal Place of Business

**3863 NW 19TH ST
 LAUDERDALE LAKES FL 33311
 US**

Mailing Address

**3863 NW 19TH ST
 LAUDERDALE LAKES FL 33311
 US**

46465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1747931**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUTTLE, ROGER A
 1471 SW 47TH TERR
 FT. LAUDERDALE FL 33317**

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

04/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PO	<input type="checkbox"/> Delete
NAME	TUTTLE, ROGER	
STREET ADDRESS	1471 SW 47TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317-5622	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TUTTLE, ROGER	
STREET ADDRESS	1471 SW 47TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317-5622	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/01

Date

954-

581-2002

Daytime Phone #

CR2E034 (10/00)