

NOTE - NEW ADDRESS
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90405 018 ***150.00

DOCUMENT # 527111

1. Entity Name

LARGO LOCKSMITH, INC.

Principal Place of Business

1555 EAST BAY DRIVE
 UNIT B
 LARGO, FLORIDA 33771
 US

Mailing Address

1555 EAST BAY DRIVE
 UNIT B
 LARGO, FLORIDA 33771
 US

C0068734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

PINELAS

Zip

Country

PINELAS

4. FEI Number

59-1755014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIFFORD, EVELYN M.
 8408 ANNWOOD ROAD
 LARGO, FLORIDA 33777

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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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.

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\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T
 NAME JAMES D. GIFFORD
 STREET ADDRESS 15117 HARDING AVENUE
 CITY-ST-ZIP CLEARWATER, FLORIDA 33764

☐ Delete

TITLE VP/S
 NAME DELIGHT GIFFORD
 STREET ADDRESS 15117 HARDING AVENUE
 CITY-ST-ZIP CLEARWATER, FLORIDA 33764

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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: James D. Gifford PRESIDENT

4/26/2001 727-535-2885

CR2E034 (11/00)