

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90028 021 ***150.00

DOCUMENT # 527111

1. Entity Name
LARGO LOCK SMITH INC.

Principal Place of Business Mailing Address
1555 EAST BAY DRIVE 1555 EAST BAY DRIVE
LARGO FL 33771 LARGO FL 33771
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1755014** Applied For
 Not Applicable

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

GIFFORD, EVELYN M
8408 ANNWOOD RD.
LARGO FL 34647

Name **NASSRY BENDECK**
 Street Address (P.O. Box Number is Not Acceptable)
2200 STACY COURT
 City **DUNEDIN** FL Zip Code **34698**

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 **Nassry Bendek, PRESIDENT**
 Signature, typed or printed name of officer or director (NOTE: Registered Agent signature required when reinstating)

02/12/2002
 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, 2002 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	VPS	<input checked="" type="checkbox"/> Delete
NAME	GIFFORD, DELIGHT	
STREET ADDRESS	15117 HARDING AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	GIFFORD, JAMES D.	
STREET ADDRESS	15117 HARDING AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GIFFORD, DELIGHT	
STREET ADDRESS	15117 HARDING AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	PRES/V.PRES./SEC/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NASSRY BENDECK	
STREET ADDRESS	2200 STACY COURT	
CITY-ST-ZIP	DUNEDIN, FLORIDA 34698	
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: **Nassry Bendek, PRESIDENT** **02/12/2002** **727-535-2885**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

0462149 AV

CR2E034 (9/01)