

"AMENDED"

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL -2 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 562634700
1. Entity Name
American Locksmith, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2854 Stirling Road Suite, Apt. #, etc. Suite E City & State Hollywood, FL Zip 33020 Country USA		3. Mailing Address same Suite, Apt. #, etc. same City & State same Zip 33020 Country USA	
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4. FEI Number 59-1916501
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
Applied For ☐ **Not Applicable**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Troy Traina
Street Address (P.O. Box Number is Not Acceptable)
2854 Stirling Road
Suite E
City
Hollywood
FL
Zip Code
33020

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  **Troy Traina** **7/2/2002**
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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Troy Traina 2854 Stirling Road, Suite E Hollywood, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400006274364--2 -07/09/02--01044--002 *****61.25 *****61.25
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Troy Traina, President** **(954) 920-2020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

78 7/1/02