

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 765225

FILED
Sep 12, 2002
Secretary of State

Entity Name: FLO - ALA LOCKSMITHS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MORRIS LOCK & SAFE
906 W. MICHIGAN AVE
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

C/O MORRIS, BILL
906 W. MICHIGAN AVE
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 59-1977194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, WILLIAM L
906 W. MICHIGAN AVE.
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TATE, TOM
Address: 1495 CREIGHTON RD
City-St-Zip: PENSACOLA, FL 32504

Title: ST () Delete
Name: MORRIS, WILLIAM L JR.
Address: 906 W. MICHIGAN AVE.
City-St-Zip: PENSACOLA, FL

Title: VP () Delete
Name: KIEPKE, LARRY
Address: 6 COMET STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: GA () Delete
Name: HAYES, CHARLES,
Address: 5507 HARVEY ST
City-St-Zip: CALLAWAY, FL

Title: D () Delete
Name: JOHNSON, DANA,
Address: 16208 SKY AVE
City-St-Zip: PANAMA CITY BCH, FL

Title: D () Delete
Name: MARSHALL, BEN,
Address: 6 COMET ST SW
City-St-Zip: FT WALTON BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. MORRIS

ST

09/12/2002

Electronic Signature of Signing Officer or Director

Date