

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90005 029 \*\*\*150.00

**DOCUMENT # F78716**

**1. Entity Name**  
**LOCKLANDO DOOR AND MILLWORK, INC.**

**Principal Place of Business**

**13650 SOUTHRIDGE INDUSTRIAL DR.**  
**TAVARES FL 32778**  
**US**

**Mailing Address**

**13650 SOUTHRIDGE INDUSTRIAL DR.**  
**TAVARES FL 32778**  
**US**

**2. Principal Place of Business**

**271 Southridge Ind. Dr.**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**271 Southridge Ind. Dr.**  
 Suite, Apt. #, etc.

**City & State**

**Tavares, Fl.**

**Zip**  
**32778**

**Country**  
**Lake**

**City & State**

**Tavares, Fl.**

**Zip**  
**32778**

**Country**  
**Lake**

**4. FEI Number**

**59-2197679**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fees Required**

**6. Name and Address of Current Registered Agent**

**EDLIN, PHILLIP P**  
**13650 SOUTHRIDGE INDUSTRIAL DRIVE**  
**TAVARES FL 32778**

**7. Name and Address of New Registered Agent**

**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 reinstalling)

**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**

**TITLE** **P** ☐ Delete  
**NAME** **EDLIN, PHILLIP P.**  
**STREET ADDRESS** **26500 SAVAGE CIRCLE**  
**CITY-ST-ZIP** **HONEY-IN-THE HILLS FL**

**TITLE** **ST** ☐ Delete  
**NAME** **DAVIS, JO ANNE**  
**STREET ADDRESS** **30529 ALCREST AVE**  
**CITY-ST-ZIP** **SORRENTO FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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**  
**JO ANNE DAVIS**

**Date**

**1-16-02**

**Daytime Phone #**

**352-343-6666**

CR2E034 (9/01)