

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90133 048 ***150.00

DOCUMENT # **F95000001076**

Entity Name
SECURITY LOCK DISTRIBUTORS SOUTH, INC.

Principal Place of Business
40 A STREET
NEEDHAM HEIGHTS MA 02494
US

Mailing Address
P.O. BOX 815
NEEDHAM HEIGHTS MA 02494
US



Principal Place of Business
25 Dartmouth St.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 95
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Westwood MASS.
 Zip **02090** Country **USA**

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Westwood MASS.
 Zip **02090** Country **USA**

4. FEI Number **04-3265915** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

1. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHWARTZ, SIDNEY 40 A STREET P.O. BOX 815 NEEDHAM HEIGHTS MA 02494 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SCHWARTZ, JEFFREY 40 A STREET P.O. BOX 815 NEEDHAM HEIGHTS MA 02494 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, DAVID 40 A STREET P.O. BOX 815 NEEDHAM HEIGHTS MA 02494 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, MARC 40 A STREET P.O. BOX 815 NEEDHAM HEIGHTS MA 02494 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, HOWARD E 40 A STREET P.O. BOX 815 NEEDHAM HEIGHTS MA 02494 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, MICHAEL M ONE POST OFFICE SQUARE BOSTON MA 02109 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

All Addresses change to:
25 Dartmouth St.
P.O. Box 95
Westwood, MA 02090

3. 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 **781-251-7220**
 Date Daytime Phone #

CR2E034 (9/01)