

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F95000001076

1. Entity Name
SECURITY LOCK DISTRIBUTORS SOUTH, INC.



FILED
07 OCT 30 PM 1:18
TALLAHASSEE, FLORIDA

Principal Place of Business
25 DARTMOUTH ST.
WESTWOOD, MA 02090 US

Mailing Address
P.O. BOX 95
WESTWOOD, MA 02090 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required)

Kimberly B. Moret
as its agent

10/30/07
DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHWARTZ, SIDNEY 25 DARTMOUTH ST., P.O BOX 95 WESTWOOD, MA 02090	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, JEFFREY 25 DARTMOUTH ST., P.O BOX 95 WESTWOOD, MA 02090	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCWARTZ, DAVID 25 DARTMOUTH ST., P.O BOX 95 WESTWOOD, MA 02090	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, MARC 25 DARTMOUTH ST., P.O BOX 95 WESTWOOD, MA 02090	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, HOWARD E 25 DARTMOUTH ST., P.O BOX 95 WESTWOOD, MA 02090	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, MICHAEL M 25 DARTMOUTH ST., P.O BOX 95 WESTWOOD, MA 02090	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700110493127 10/08/07--01036--013 **750.00
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with another person empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sidney Schwartz

10/2/07
Date

781-251-7203
Daytime Phone #

10/30