

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # F95000001076

1. Entity Name

SECURITY LOCK DISTRIBUTORS SOUTH, INC.



Principal Place of Business

25 DARTMOUTH ST.
WESTWOOD MA 02090
US

Mailing Address

P.O. BOX 95
WESTWOOD MA 02090
US



1st MOORE

CR2E034 (10/07)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-3265915

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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 when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000844383	
STREET ADDRESS	03/12/08-80034-002 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a business address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin Wiener, Controller 2/29/08

781-251-7203