2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # G15879** FLORIDA LOCK, INC. 04-11-2001 90097 009 ***150.00 Principal Place of Business Mailing Address % CHRISTOPHER S. COOPER % CHRISTOPHER S. COOPER 15455 61 ST STREET, NO. 15455 61 ST STREET. NO. 00034392 CLEARWATER FL 34620 CLEARWATER FL 34620 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2258615 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER, CHRISTOPHER S Street Address (P.O. Box Number is Not Acceptable) 15455 61ST STREET, NO. CLEARWATER FL 34620 33760 City Zio 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 reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Dapartment of State (See criteria on back) OFFICERS AND DIRECTORS 11. 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THE Change Acdition COOPER, CHRISTOPHER NAME NAME STREET ADDRESS STREET ADDRESS 15455 61ST ST N CLEARWATER, FL 00005 3760 CITY-ST-ZIP CITY-ST-Z!P TITLS Delete 41.15 ☐ Change Andit on NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP □ Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CHY SE-ZIP OF Y-S1-ZIP TITLE ☐ Delete TITLE □ Chande Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11718 THILE Delete ☐ Change Addition MAME STREET ADORESS STREET ADDRESS C:TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change [1] Addition NAME STREET ADORESS STREET ADDRESS CHY St Z-P CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. I further config 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 gustec empowered to execute this report as required by Chapter 607. Fiorida Statutes; and that my name appears in Block 11 or Block 12.9 changed, or on an attachment with address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR