

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H25744

1. Entity Name

INTERLOCK SYSTEMS, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90015 018 ***550.00

Principal Place of Business

4610 ENTERPRISE AVENUE
NAPLES FL 34104
US

Mailing Address

4610 ENTERPRISE AVENUE
NAPLES FL 34104
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2454337

Applied For

Not Applicable

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

BAVIELLO MICHAEL A JR ESQ
1025 FIFTH AVENUE NORTH
NAPLES FL 33940

Name

WILLIAM A. KOGOK

Street Address (P.O. Box Number is Not Acceptable)

601 99TH AVE N

City

NAPLES

FL

Zip Code
34108

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 William A. Kogok

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

(NOTE: Registered Agent signature required when reinstating)

7/12/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS ARNOLD, DEREK J
CITY-ST-ZIP 6887 RED BAY PARK RD
NAPLES FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS KOGOK, BILL
CITY-ST-ZIP 601 99TH AVE N
NAPLES FL

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

TITLE ☐ Delete
NAME S
STREET ADDRESS KOGOK, JEAN L
CITY-ST-ZIP 601 99TH AVE NORTH
NAPLES FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS LAVELLE, JOAN E
CITY-ST-ZIP 6887 RED BAY PARK RD
NAPLES FL

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS ARNOLD, JOAN E
CITY-ST-ZIP 6887 RED BAY PARK RD
NAPLES, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 REJEAN RECKOGOK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00
Date

941-253-1215
Daytime Phone #

CR2E034 (5/00)