## FILED May 05, 2003 8:00 am § Secretary of State

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name ARO LOCK & KEY, INC.  Principal Place of Business 5447 CRAFTS STREET NEW PORT RICHEY FL 34652  Mailing Address 5447 CRAFTS STREET NEW PORT RICHEY FL 34652						05-05-2003	92189 019	9 ***150.	.00
2. Principal Place of Business			3. Mailing Address			 	<b>                                  </b>	<b></b>	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4. FEI Number 59-2586369	)	<u> </u>	Applied For Not Applicable
Zip	Country	/ Zip		Country		5. Certificate of Status Desired		\$8.75 Ac Fee Requir	
	6. Name and Addr	ess of Current Registere	ed Agent			7. Name and Address of New	Registered /	Agent	
DITT MOD	784AA1 T				lame				
RITZ, NORMAN T. 5447 CRAFTS STREET				s	Street Address (P.O. Box Number is Not Acceptable)				
	NF18 STREET RT RICHEY FL 34652	•		-	· ·	·			
TAEAL LOU	II MIUMET FL 34002			<u> </u>	<del></del>			- <del>1</del>	
4 £				C	City	FL Zip Cod		de	
	named entity submits t tions of registered agen		ose of changing its	registered o	office or register	ed agent, or both, in the State of F	lorida. I am i	familiar with	, and accept
ŠIGNATURE .	/ 82		··		· <u></u>		- <u>-</u>		
<u>,                                     </u>	Signature, typed or printed name	ne of registered agent and title if app	olicable. (NOTE	E: Registered Age	ent signature required	when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									
Afte	r May 1, 2003 Fee wi	li be \$550.00				9. Election Campaign F Trust Fund Contributi			00 May Be ed to Fees
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

THE THE NORMAN T. SIGNATUBE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>849-1812</u>