

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90110 018 ***150.00

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DOCUMENT # J25816

1. Entity Name
BUYLOC LOCKSMITHS, INC.

Principal Place of Business

**10034 SPANISH ISLES BLVD.
 C-29
 BOCA RATON FL 33498
 US**

Mailing Address

**10034 SPANISH ISLES BLVD.
 C-29
 BOCA RATON FL 33498
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21431 Millbrook Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boca Raton, FL.

City & State

City & State

City & State

33498

4. FEI Number

59-2706510

Applied For

Not Applicable

Zip

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**UNGAR, YVONNE
 21431 MILLBROOK CT
 BOCA RATON FL 33498**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE ☒ **ST**
 NAME **UNGAR, YVONNE**
 STREET ADDRESS **21431 MILLBROOK CT**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ **P**
 NAME **UNGAR, BERNARD**
 STREET ADDRESS **21431 MILLBROOK CT**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ **Delete**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ **Delete**
 NAME
 STREET ADDRESS
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TITLE ☐ **Delete**
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 CITY-ST-ZIP

TITLE ☐ **Delete**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
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 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:

Yvonne Ungar
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/02 561-482-0948

CR2E034 (9/01)