

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J53069

1. Entity Name

SUNSHINE SAFE AND LOCK, INC.

**FILED**  
Feb 17, 2000 8:00 am  
Secretary of State

02-17-2000 90079 035 \*\*\*150.00

Principal Place of Business

3132 FORTUNE WAY  
D-30  
WEST PALM BCH FL 33414

Mailing Address

3132 FORTUNE WAY  
D-30  
WEST PALM BCH FL 33414-8728

2. Principal Place of Business

913 Barnett Dr.  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 16476  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

W. Palm Bch., FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33461 USA

Zip

Country

33416 USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROWAN, WILLIAM  
3132 FORTUNE WAY  
D-30  
W PALM BCH FL 33414

7. Name and Address of New Registered Agent

Name

Rowan William

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

913 Barnett Drive

City

Lake Worth,

FL

Zip Code

33461

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]*

William Rowan

2-10-00

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, 2000 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	PDV	<input type="checkbox"/> Delete
NAME	ROWAN, WILLIAM	
STREET ADDRESS	3132 FORTUNE WAY, D-30	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ROWAN, KATHLEEN	
STREET ADDRESS	3132 FORTUNE WAY, D-30	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDVST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rowan, William	
STREET ADDRESS	913 Barnett Drive	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

William Rowan

2-10-00

561 793 7796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)