2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90908 046 ***150.00

DOCUMENT # J73529

1. Entity Name
A.A. ALL-STAR LOCKSMITH, INC.

Principal Place of Business	Mailing Address
7154 N. UNIVERSITY DRIVE, #326 TAMARAC, FL 33321	7154 N. UNIVERSITY DRIVE, #326 TAMARAC, FL 33321

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
4421 N US HWY 27		4421 N US HWY 27	
Suite, Apt. #, etc.: SUITE 407		Suite, Apt. #, etc.: SUITE 407	
City & State: OCALA FL		City & State: OCALA FL	
Zip: 34482	Country: MARION	Zip: 34482	Country: MARION

4. FEI Number: 59-2828752 ☐ 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
FRYMAN, STEVEN 7154 N. UNIVERSITY DRIVE, #326 TAMARAC, FL 33321	Name: FRYMAN, STEVE (SAME AS BEFORE) Street Address (P.O. Box Number is Not Acceptable): 4421 N US HWY 27 SUITE 407 City: OCALA FL Zip Code: 34482

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ______ 2/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: FRYMAN, STEVEN STREET ADDRESS: 12601 SW 147TH TERRACE CITY-ST-ZIP: MIAMI, FL	☐ Delete	TITLE: PD NAME: FRYMAN, STEVE STREET ADDRESS: 16475 N US HWY 27 CITY-ST-ZIP: WILLISTON, FL 32696	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: SD NAME: FRYMAN, JANET STREET ADDRESS: 16475 N. US HWY 27 CITY-ST-ZIP: WILLISTON	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: ______ PRES. STEVE B. FRYMAN 2/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)