## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # K70696** Feb 16, 2000 8:00 am

1. Entity Name

STEVE'S LOCK & SAFE, INC.							Secretary of State 02-16-2000 90055 003 ***150.00					
Principal Place of Business			Mailing Address									
211 W. DONEGAN AVE. KISSIMMEE FL 34741-2387 US			211 W. DONEGAN AVE. KISSIMMEE FL 34741-2367 US				- - 1 1 <b>00111</b> 115 041		Bio(i Risi) I	inii Birii Ainii	1 818() (9E)	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE I	N THIS SF	ACE		
City & State			City & State			<b>4.</b> F	El Number	59-2944781			plied For t Applicable	7
Zip	Zip Country		Zip Coun		try	5. 0	Certificate of	Status Desired		8.75 Add	itional	
	.⊥. 6. Name a	and Address of Current R	egistered Agent		·	7. N	lame and A	ddress of New Regi				1
						Name Andrew J. Baumruk						
717	RT, HARRY E. OAK ST.				Street Ac		ox Number i	s Not Acceptable)				
KISSIMMEE FL 34744												
					City	y Kissimmee FL Zip G744						
8. The above	e named entity	submitte this statement for t	he purpose of changing its	registere	ed office or	registered age	ent, or both,	in the State of Florid	a. /			
SIGNATURE	Signature, types	or pysion name of registered agent and	d title if applicable. (NOTE	: Registered	d Agent signatu	re required when rei	instating)	1/2-	7/00 DATE			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150. After MAY 1, 2000 Fee will be \$ Make Check Payable to Departmen			50.00		ion Campaign Finand Fund Contribution.	cing		D May Be to Fees	
11.		OFFICERS AND D	IRECTORS	12.		AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					1
TITLE PSTD  NAME GANO, STEVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL			<b>⊠</b> Delete		ET ADDRESS •ST-ZIP			[	Change	Addition	00000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					P/S/T  Howard Cundiff  JII W. Doneson Ase.  KISSIMMEE, FL. 34741-2367						100
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	☐ Delete				i	VP Adrien	☐ Change					
TITLE NAME STREET ADDRESS CITY-SI-ZIP			□ Delete			····	<del>,,,,,,</del>			Change	Addition	
TITLE NAME			☐ Delete	TITLE	ľ				[	Change	Addition	

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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

☐ Change

☐ Addition