

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90035 006 ****50.00

DOCUMENT # L00000009348

1. Entity Name

ABSOLUTE SECURITY: LOCK, SAFE, AND KEY, L.C.

Principal Place of Business

Mailing Address

**1402 KUMQUAT LN
JACKSONVILLE FL 32259**

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JACKSONVILLE FL 32259**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3656022**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATKINS, WARREN E
1402 KUMQUAT LN
JACKSONVILLE FL 32259**

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

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM WATKINS, WARREN E 1402 KUMQUAT LN JACKSONVILLE FL 32259	<input type="checkbox"/>		<input type="checkbox"/>
MGRM WATKINS, RAY G III 1402 KUMQUAT LN JACKSONVILLE FL 32259	<input type="checkbox"/>		<input type="checkbox"/>
MGRM WATKINS, WARREN E II 1402 KUMQUAT LN JACKSONVILLE FL 32259	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Ray G. Watkins III

SIGNATURE: *Ray G. Watkins III* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-23-02

Date

904.387.5625

Daytime Phone #

CR2E083 (4/02)