Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90031 035 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L26335**

1. Corporation Name

BETTER	SAFE AND LOCK COMPAN	IY, INC.								
Principal Place	of Business	Mailing	Address	_		··········	T I BORKONI ONO CIDEN ON AND CITOR ONLY ON	III BIBII OIDI	i Bilkir Afart rası	
Principal Place of Business  4392 TAMIAMI TRAIL N.  NAPLES FL 34103  US  Mailing Address  4392 TAMIAMI TRAIL N.  NAPLES FL 34103  US							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
							10/27/1989			
Principal Place of Business     2a. Ma			iling Address				4. FEI Number		opplied For	
21		26		_			65-0150568		lot Applicable	
Suite, Apt.	#, etc.	27	ite, Apt. #, etc.			٠	.5. Certificate of Status Desired	Fee F	Additional Required	
City & State	e	Cit	y & State				6. Election Campaign Financing		May Be	
23		28			ntn.		Trust Fund Contribution		I to Fees	
Zip	Country	Zip	)	Cou 30	nuy		This corporation owes the current year Interpretation     Personal Property Tax.	ingible □Yes	₩No	
24	9. Name and Address of Curren	29	nd Agent	[30]			10. Name and Address of New Registered			
	9. Name and Address of Curren	it Keğistere	id Agent	_	81	Name	10. 112110 0110 1			
Shoupe, Richard C. 4392 tamiami trail n.					82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
NAPLES FL 34103				83						
I I I	12012 04100				63					
					84	City	FL		Code	
11. Pursuant office or nagent. I a	to the provisions of Sections 607.050 egistered agent, or both in the State in familiar with, and accept the obliga	and 607.1 of Florida. S tions of, Se	1508, Florida Statut Such change was a ction 607.0505, Flo	es, tne a uthorized rida Stati	bove by utes	e-named col the corpora	rporation submits this statement for the purpose of stion's board of directors. I hereby accept the appoint	idilionit do i	registered	
SIGNATURE	Sphart log familie la registered age			: Registered	Agen	t signature requ	uired when reinstating) DATE			
12.	OFFICERS AN	ID BIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D		☐ DELETE	1.1 TI				☐ Change	, L'Addition	
NAME	SHOUPE, RICHARD C.			1.2 N/						
STREET ADDRESS	4392 TAMIAMI TRAIL N.					ADDRESS				
CITY-ST-ZIP	NAPLES FL		☐ DELETE	2.1 TI	TY-S	T- ZIP	1186	Change	Addition	
TITLE			□ DELETE	2.1 N						
NAME						ADDRESS				
STREET ADDRESS						T-ZIP		<b>-</b>	İ	
, CITY-ST-ZIP 🕏			☐ DELETE	3.1 11		11-211		Change	■ Addition	
NAME				3.2 N	AME					
STREET ADDRESS						TADDRESS			ļ	
CITY-ST-ZIP				3.4. 0	ITY-S	ST-ZIP			1	
TITLE			DELETE	4.1 TI	TLE			Change	e Addition	
NAME				4.2N	<b>LAME</b>				ţ	
STREET ADDRESS				4.3 S	TREE	TADDRESS			í	
CITY-ST-ZIP	·			4.4 C	IIY-S	T-ZIP				
TITLE			DELETE	5.1 TI			•	Change	e Addition	
NAME				5.2 N			• •			
STREET ADDRESS	į		•			TADDRESS				
CITY-ST-ZIP					TY-S	T-ZIP		- Char-	Addition	
TITLE			DELETE	6.1 π				Change	e	
	1									
NAME				6.2 N		TADDRESS				

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or organ attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

941-162-0023