

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90070 018 \*\*\*150.00

0118263

**DOCUMENT # L66112**

1. Entity Name

**MASON'S LOCKS & KEYS, INC.**

Principal Place of Business

% JEAN A. STONE  
101631 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

Mailing Address

% JEAN A. STONE  
101631 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

**937354**

2. Principal Place of Business

3. Mailing Address

**953 LONGSHADOW RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

**SOUTH DAYTONA**

4. FEI Number **65-0210707**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32119**

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

STONE, JEAN A.  
101631 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

Name

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

**953 LONGSHADOW RD**

City

**SOUTH DAYTONA**

**FL**

Zip Code

**32119**

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

*Jean A. Stone*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-26-01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **STONE, MICHAEL D.**  
STREET ADDRESS **101631 OVERSEAS HWY**  
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **D** ☒ Change ☐ Addition  
NAME **STONE, MICHAEL D.**  
STREET ADDRESS **953 LONGSHADOW RD**  
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

TITLE ☐ Delete  
NAME **953 LONGSHADOW RD**  
STREET ADDRESS **SOUTH DAYTONA FL 32119**  
CITY-ST-ZIP **32119**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Michael D. Stone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-26-01**

Date

**386-322-4004**

Daytime Phone #

CR2E034 (10/00)