

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00107

1. Entity Name

STATE OF FLORIDA BOARD OF LOCKSMITHS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90061 026 ****61.25

Principal Place of Business 400 W COMSTOCK AVENUE STE 7 <i>Comstock Ave</i> WINTER PARK FL 32789 US	Mailing Address P O BOX 394 ROUTE 2 BOX 100W WINTER PARK FL 32790-0394 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-25 18990	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ELLIS, JR B GUY
400 W COMSTOCK AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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.

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 \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, GILLUN C. JR.	
STREET ADDRESS	3208 W TENNESSEE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REYNOLDS, KATHLEEN E.	
STREET ADDRESS	2637 SO. ELM AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELLIS, B GUY JR	
STREET ADDRESS	400 W COMSTOCK AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SAD	<input type="checkbox"/> Delete
NAME	DAVIS, BONNIE C	
STREET ADDRESS	3208 W TENNESSEE STR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Gillun C. Davis Jr. U. Pres.* **REGISTRATION** *4-26-00* *850-515-9181*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)