

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90158 004 ****61.25

DOCUMENT # N00107

1. Entity Name

STATE OF FLORIDA BOARD OF LOCKSMITHS, INC.

Principal Place of Business

Mailing Address

400 W COMSTOCK AVENUE
 STE 7 - ~~COMSTOCK AVE~~
 WINTER PARK FL 32789
 US

P O BOX 394
~~ROUTE 2 BOX 100W~~
 WINTER PARK FL 32790
 US

856847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2518990

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* 4-20-02 850-515-9181

CR2E037 (9/01)