

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005934

1. Entity Name

FLORIDA WEST COAST LOCKSMITHS ASSOCIATION, INC.

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90018 043 ****61.25

Principal Place of Business

Mailing Address

4035 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

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ST. PETERSBURG FL 33713

2. Principal Place of Business

PO BOX 17944
TAMPA FL 33682-7944

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4474128

Applied For

Not Applicable

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

DONALDSON, JEFF
4035 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

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 PD
NAME DONALDSON, JEFF ☐ Delete
STREET ADDRESS 4035 FIRST AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

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

TITLE VD
NAME CARRY, ROB ☐ Delete
STREET ADDRESS 4035 FIRST AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

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

TITLE VD
NAME BARNHARDT, JAMES ☐ Delete
STREET ADDRESS 4035 FIRST AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

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

TITLE SD
NAME HUDSON, CHRIS ☐ Delete
STREET ADDRESS 4035 FIRST AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

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

TITLE TD
NAME KUPFERMAN, KEN ☐ Delete
STREET ADDRESS 4035 FIRST AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

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

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:

KEN KUPFERMAN, Treasurer

3/8/02

8139615784

CR2E037 (9/01)