

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90099 006 ****61.25

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1. Entity Name

FLORIDA WEST COAST LOCKSMITHS ASSOCIATION, INC.



Principal Place of Business

**4035 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**PO BOX 17944
TAMPA FL 33682-7944**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DONALDSON, JEFF	
STREET ADDRESS	4035 FIRST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARRY, ROB	
STREET ADDRESS	4035 FIRST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BARNHARDT, JAMES	
STREET ADDRESS	4035 FIRST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, CHRIS	
STREET ADDRESS	4035 FIRST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KUPFERMAN, KEN	
STREET ADDRESS	4035 FIRST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY PATTON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROB CURRY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREG BELLES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDE ZANNE	
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: **SIGNATURE REQUIRED**

3/19/03

813-961-5784

CR2E037 (10/02)