

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011387

1. Entity Name

STERN LOCK, INC. OF NAPLES

Principal Place of Business

218 Ridge Street
Naples, FL 34108

Mailing Address

218 Ridge Street
Naples, FL 34108

2. Principal Place of Business

3838 Tamiami Trail N.

3. Mailing Address

3838 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 416

Suite, Apt. #, etc.

Suite 416

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

593693940

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

Anthony M. Lawhon, Esquire
3431 Pine Ridge Road, Suite 101
Naples, FL 34109

7. Name and Address of New Registered Agent

Name
Christian B. Felden, Esquire
Street Address (P.O. Box Number is Not Acceptable)
3838 Tamiami Trail North
Suite 416
City
Naples FL Zip Code
34103

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

Christian B. Felden - Asst. Sec.

9/26/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE MONTHLY FEE IS \$150.00

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FILE MONTHLY FEE IS \$150.00

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P S T D	<input checked="" type="checkbox"/> Delete
NAME	Craig DeMange	
STREET ADDRESS	218 Ridge Street	
CITY-ST-ZIP	Naples, FL 34108	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, CEO, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joel W. Arvilla	
STREET ADDRESS	1786 Trade Center Way	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	Treasurer, Secretary, Exec. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chief Financial Officer, Director	
STREET ADDRESS	James E. Jenkins	
CITY-ST-ZIP	4970 Deerfield Way, No. 204	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christian B. Felden, Esquire	
STREET ADDRESS	3838 Tamiami Trail N., Suite 416	
CITY-ST-ZIP	Naples, FL 34103	
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		

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 life empowered.

SIGNATURE:

Christian B. Felden

9/26/01

941-263-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 OCT 15 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)