

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90104 015 ***150.00

DOCUMENT # P00000051952

1. Entity Name
24/7 LOCK & SAFE, INC.

Principal Place of Business
**1012 PINE RIDGE DRIVE
 LAKELAND FL 33809**

Mailing Address
**1012 PINE RIDGE DRIVE
 LAKELAND FL 33809**

2. Principal Place of Business
2042 S COMBEE RD

3. Mailing Address
2042 S COMBEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKELAND FL

City & State
LAKELAND FL

4. FEI Number
59-3648007

Applied For
 Not Applicable

Zip
33801

Country

Zip
33801

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

**ROWH, HOMER J
 1012 PINE RIDGE DRIVE
 LAKELAND FL 33809**

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 _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 ROWH, HOMER J
 1012 PINE RIDGE DRIVE
 LAKELAND FL 33809** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HENDERSON, MITCHELL S
 134 WILDLIFE TRAIL
 LAKELAND FL 33809** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 PATTERSON, ROBERT
 8533 OLIVER ROAD
 ZEPHYRHILLS FL 33540** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 CAMPBELL, DOUGLAS W
 4519 1ST STREET NORTHWEST
 LAKELAND FL 33810** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PO Box 24871
 LAKELAND FL 33802** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 CAMPBELL, DEBORAH
 4519 1ST STREET NORTHWEST
 LAKELAND FL 33810** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PO Box 24871
 LAKELAND FL 33802** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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 like empowered.

SIGNATURE: **Douglas W. Campbell**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 - 863-665-8100
 Date Daytime Phone #

CR2E034 (10/00)