

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000093286

1. Entity Name

J & D LOCK AND KEY, INCORPORATED



03 APR 23 AM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4503-B NORTH NEBRASKA AVE.

Suite, Apt. #, etc.

3. Mailing Address

4503-B NORTH NEBRASKA AVE.

Suite, Apt. #, etc.

2002-2003 UBR

9/12/02 90086 034 \$550.00

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

59-3676609

Applied For

Not Applicable

Zip

33603-4155

Country

Zip

33603-4155

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name DENNIS R. LONG

Street Address (P.O. Box Number is Not Acceptable)

4503-B NORTH NEBRASKA AVENUE

City TAMPA

FL

Zip Code

33603-4155

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DENNIS R. LONG
STREET ADDRESS 4503-B N. NEBRASKA AVE. TAMPA, FL 33603
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

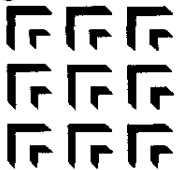
04/22/03

Date

(813) 245-8707

Daytime Phone #

CR2E034B (12/02)



Suncoast Accounting Services

5116 North Armenia Avenue
Tampa, FL 33603-1406

Phone: (813) 877-6500
FAX: (813) 877-7363

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April 22, 2003

RE: J&D LOCK AND KEY, INCORPORATED

Cathy Ashton
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

Ms Ashton:

~~As per our conversation yesterday, this letter will acknowledge that:~~

- 1) you have agreed to abate all reinstatement fees (as per your letter dated December 1, 2002, copy attached), and
- 2) said abatement has the full effect of a complete reinstatement of the above-captioned corporation.

Enclosed is our client's check (number 1530 in the amount of \$150) in full payment of the 2003 UBR filing fee.

Also enclosed is a UBR form with an original signature, as you requested.

Should you require any further information, please let us know.

Thank you for your time and courtesy in the professional handling of this matter.

Jack Carcopa III
President