

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

CR2E034 (9/01)

DOCUMENT # P00000097172

1. Entity Name
~~PALM BEACH LOCKSMITH, INC.~~ Amended on 2-7-02 ✓
 Charged name to Coastal Locksmith Inc. (NC) LW

05-17-2002 90033 003 ***150.00

Principal Place of Business Mailing Address
 826 PARKWAY COURT 826 PARKWAY COURT
 WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413

2438 Taft St. 2438 Taft St.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 2438 Taft St

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Holly wood, FL

City & State City & State
 Holly wood, FL Holly wood, FL

4. FEI-Number 65-1050307 Applied For Not Applicable

Zip Country USA Zip Country USA
 33020 33020

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WOITSEK, KEVIN
 826 PARKWAY COURT
 WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent
 Name Woi t e s e k , K e v i n
 Street Address (P.O. Box Number is Not Acceptable)
 2438 Taft St
 City Holly wood FL Zip Code 33020

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 Kevin Woi t e s e k DATE 4-22-02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOITSEK, KEVIN 826 PARKWAY COURT WEST PALM BEACH FL 33413 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Woi t e s e k , K e v i n Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2438 Taft St. Holly wood, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kevin Woi t e s e k DATE 4-22-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #