

2002
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103497

1. Entity Name
MY 3 SONS LOCK & KEY, INC.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90409 036 ***150.00

Principal Place of Business

Mailing Address

3326 SE 16TH PL
CAPE CORAL FL 33904

3326 SE 16TH PL
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

16960 Wildcat Dr.

P.O. Box 2065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Delight Acres FLA

City & State
Delight Acres FLA

Zip

Country

33913

U.S.A.

Zip

Country

33970

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1084208

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

CRUZ, ESPERANZA
3326 SE 16TH PL
CAPE CORAL FL 33904

Name

Marta S. Cruz

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

894 Gardenside Ct

City

Delight Acres

FL

Zip Code

33936

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

Marta S. Cruz - MARTA S. CRUZ

5-1-02

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
P
Ramon C. Cruz
16960 Wildcat Dr
Fmy FL 33913 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Esperanza Cruz
3743 Delight Blvd
Cape Coral FL 33914 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T
Silvia Rivero
16960 Wildcat Dr.
Fmy FL 33913 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Ramon C. Cruz - RAMON C. CRUZ

4/29/02

(941) 541-1965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)