

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90174 027 \*\*\*150.00

DOCUMENT # P01000018821

1. Entity Name

PATRICK'S LOCKSMITH INC.

Principal Place of Business

12000 HWY 27 NORTH #31  
DAVENPORT FL 33837

Mailing Address

12000 HWY 27 NORTH #31  
DAVENPORT FL 33837

2. Principal Place of Business

17445 W. 192nd

3. Mailing Address

17445 W. 192nd

Suite, Apt. #, etc.

Unit 9

Suite, Apt. #, etc.

Unit 9

City & State

Clermont Florida

City & State

Clermont Florida

Zip

34711

Country

LAKE

Zip

34711

Country

LAKE



DO NOT WRITE IN THIS SPACE

4. FEI Number

593-706-534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GATWARD, PATRICK M

12000 HWY 27 NORTH #31

DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name

PATRICK M. GATWARD

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

17445 W. 192nd

Unit 9

City

Clermont

FL

Zip Code

34711

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

8. 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 ☒ P ☐ Delete  
NAME GATWARD, PATRICK M  
STREET ADDRESS 12000 HWY 27 NORTH #31  
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS PATRICK M. GATWARD  
CITY-ST-ZIP 50989 HWY 27 N #31  
DAVENPORT FLORIDA 33897

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

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

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

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

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

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 30 02 407-973-3140

Date

Daytime Phone #

CR2E034 (9/01)