

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90070 014 ***550.00

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1. Entity Name
TURN KEY SECURITY & LOCK, INC.



Principal Place of Business
626 N INGRAHAM AVE
LAKELAND FL

Mailing Address
626 N INGRAHAM AVE
LAKELAND FL

2. Principal Place of Business

Mobile

3. Mailing Address

P.O. Box 5737

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

Country

Zip

Country

33807

PO LIC

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3745498**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DURBIN, THOMAS W JR
626 N INGRAHAM AVE
LAKELAND FL

7. Name and Address of New Registered Agent

Name

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

1224 Stratton Ct. W.

City

Lakeland

FL

Zip Code

33813

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

Thomas W. Durbin Jr. **Thomas W. Durbin Jr.**

8-29-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DURBIN, THOMAS W	
STREET ADDRESS	626 N INGRAHAM AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DURBIN, LAURIE A	
STREET ADDRESS	626 N INGRAHAM AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Durbin, Thomas W.	
STREET ADDRESS	1224 Stratton Ct. W.	
CITY-ST-ZIP	Lakeland, FL. 33813	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Durbin, Laurie A.	
STREET ADDRESS	1224 Stratton Ct. W.	
CITY-ST-ZIP	Lakeland, FL. 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laurie A. Durbin* **Laurie A. Durbin** *8-29-03* *863-559-6786*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)