


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90025 046 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P02000046658 1. Entity Name TAMPA BAY LOCK AND SAFE, INC. | | | |  | |
| Principal Place of Business 4332 N NEBRASKA AVE. TAMPA FL 33603 | | | Mailing Address 4332 N NEBRASKA AVE. TAMPA FL 33603 | | |
| 2. Principal Place of Business 813 E. CHICSEA ST. | | 3. Mailing Address SAME | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State TAMPA FL | | City & State | | 4. FEI Number 59-3491500 | |
| Zip 33603 | | Country HILLS | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROSE, SIDNEY E 4332 N NEBRASKA AVE TAMPA FL 33603 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
| 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 <u><i>Sid Rose</i></u> DATE <u>2/18/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROSE, SIDNEY E 4332 N NEBRASKA AVE TAMPA FL 33603 | <input type="checkbox"/> Delete | | | |
| 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 | | | |
| 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: <u><i>Sid Rose</i></u> SID ROSE | | | <u>2/18/04</u> 813-294-1950 <small>Date Daytime Phone #</small> | | |