

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90567 031 ***150.00

DOCUMENT # P02000050202

1. Entity Name
LOCKAMERICA TRI-COUNTY, INC.



Principal Place of Business
2183 POWERLINE ROAD
#2
POMPAÑO BEACH FL 33069

Mailing Address
2183 POWERLINE ROAD
#2
POMPAÑO BEACH FL 33069

40006670



2. Principal Place of Business
2183 N. POWERLINE RD
Suite, Apt. #, etc.
3

3. Mailing Address
2183 N. POWERLINE RD
Suite, Apt. #, etc.
3

☐ CHECK HERE IF MAKING CHANGES

City & State
POMPAÑO BEACH, FL

City & State
POMPAÑO BEACH, FL

4. FEI Number
42-1541596
Applied For
Not Applicable

Zip Country
33069 USA

Zip Country
33069 USA

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

6. Name and Address of Current Registered Agent
D'ANGELO, LORUSSO & MOLLE, P.A.
200 SE 6TH STREET
#100
FORT LAUDERDALE FL 33301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	D'ONOFRIO, NOREEN B	
STREET ADDRESS	2183 N POWERLINE, #2	
CITY-ST-ZIP	POMPAÑO BEACH FL 33069	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BEHAR, THOMAS A	
STREET ADDRESS	2183 N POWERLINE, #2	
CITY-ST-ZIP	POMPAÑO BEACH FL 33069	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOREEN B. D'ONOFRIO	
STREET ADDRESS	2183 N. POWERLINE RD., #3	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL J. D'ONOFRIO	
STREET ADDRESS	2183 N. POWERLINE RD., #3	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1/16/03 954-782-2265

Date Daytime Phone #

CR2E034 (10/02)