## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P02000080119 **DOCUMENT #**

1. Entity Name

MACK'S LOCKSMITH SERVICE, INC.



**FILED** Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90121 010 \*\*\*150.00

			GOO WE TH				
Principal Pla	ace of Business	Mailing Address	<u> </u>	7			
	WERWA_ROAD	619-HTTLE WEKIMA ROA	<del>\D_</del>				
ALTAMONTE SPRINGS FE 32714			<del></del>				
		<del></del>		1345(144) 113 85415 (141) 45414 45414 6541			
						'	
2. Principal	Place of Business	3. Mailing Address					
		_	1/24			11818 1811 1881	
Suite, Apt	NSR 434	540 NSA	477				
Suite, Apt	i. #, eic.	Suite, Apt. #, etc.	- •	☐ CHECK HERE IF MA	AKING CHANGES	;	
<u> </u>	th 3300		30 B				
City & Sta	ate	City & State		4. FEI Number	A	pplied For	
RL	Sagg FL	DLT SIC	es Fl	11-364 1455	N	ot Applicable	
Zip	Country	Zip	Country		38.75 Ad	ditional	
325	14 Sexember	32714	South	5. Certificate of Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regist			
	,		Name	The state of the s	orca Agent		
IACKO E	DADEDT I	والمستعمر تهوا للم والمستعمر		The same of the sa			
JACKO, F			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
, 616 LITTL	E WEKIVA ROAD		3,100,100,	= (			
ALTAMON	NTE SPRINGS FL 32714						
, i) uno (							
			City		FL Zip Cod	le	
the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing its	s registered office or regist	tered agent, or both, in the State of Florida.	I am familiar with,	and accept	
the obliga	ations of registered agent.						
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered agent a	nd title if applicable. (NO)	E: Registered Agent signature requi	red when reinstating)	DATE		
· · · · ·							
	FILE NOW!!! FEE IS \$150.00			C Floation Communications in			
	er May 1, 2003 Fee will be \$550.00			<ol> <li>Election Campaign Financin</li> <li>Trust Fund Contribution.</li> </ol>	- TO 10	May Be	
Make Check	k Payable to Florida Department of	State		Trust Fund Contribution.	⊔ Added	to Fees	
10.	OFFICERS AND [	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	C INI 11	
TITLE	D	·		ABBITIONO/GITANGES TO OFFICERS			
NAME		☐ Delete	TITLE		Change	☐ Addition	
	JACKO, ROBERT J		NAME				
STREET ADDRESS	616 LITTLE WEKIVA ROAD		STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP			ļ	
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TITLE		☐ Delete	TITLE		Change	Addition	
		☐ Delete	TITLE NAME		☐ Change	☐ Addition	
NAME		☐ Delete	NAME		☐ Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			NAME STREET ADDRESS CITY-ST-ZIP				

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.

GNATURE:

GNA

SIGNATURE: