

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

03-31-2003 90215 049 ***150.00

DOCUMENT # P02000110759

1. Entity Name

DAVE'S MOBILE LOCKSMITH, INC.



Principal Place of Business

3110 VISTA PALM DRIVE
EDGEWATER FL 32141

Mailing Address

3110 VISTA PALM DRIVE
EDGEWATER FL 32141

2. Principal Place of Business

130 OAK ST

3. Mailing Address

P.O. Box 176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAK HILL, FL 32759

City & State

OAK HILL, FL 32759

4. FEI Number

03-0487327

Applied For

Not Applicable

Zip

32759

Country

USA

Zip

32759

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALONEY, DAVID T
3110 VISTA PALM DRIVE
EDGEWATER FL 32141

7. Name and Address of New Registered Agent

Name

BRIAN P. MALONEY

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

+

130 OAK ST.

City

OAK HILL

FL

Zip Code

32759

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

Brian P. Maloney

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

(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	PTD	<input checked="" type="checkbox"/> Delete
NAME	MALONEY, DAVID T	
STREET ADDRESS	3110 VISTA PALM DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	MALONEY, BRIAN P	
STREET ADDRESS	3110 VISTA PALM DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BRIAN P. MALONEY	
STREET ADDRESS	130 OAK ST.	
CITY-ST-ZIP	OAK HILL, FL 32759	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MICHAEL MALONEY	
STREET ADDRESS	130 OAK ST.	
CITY-ST-ZIP	OAK HILL, FL 32759	
TITLE	SEC/TREASURER	<input type="checkbox"/> Delete
NAME	DAVID P. MALONEY	
STREET ADDRESS	3110 VISTA PALM DR.	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03

Date

386-423-8234

Daytime Phone #

CR2E034 (10/02)