

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90123 004 \*\*\*150.00



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000125292

1. Entity Name  
ABLE LOCKS INC.

Principal Place of Business  
~~12501 S.W. 147TH TERR.~~  
~~MIAMI FL 33186~~

Mailing Address  
~~12501 S.W. 147TH TERR.~~  
~~MIAMI FL 33186~~

2. Principal Place of Business

3. Mailing Address

2101 PUMPKIN PL NE

PO. Box 0306

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PALM BAY FL.

City & State  
PALM BAY FL.

4. FEI Number

54-2085173

Applied For

Not Applicable

Zip  
32905

Country

Zip

32906-0306

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRYMAN, CAROLE

~~12501 S.W. 147TH TERR.~~

~~MIAMI FL 33186~~

2101 PUMPKIN PL NE  
PALM BAY FL.  
32905

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 Carole Fryman

CAROLE FRYMAN

2-7-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME PD  
STREET ADDRESS FRYMAN, CAROLE  
CITY-ST-ZIP ~~12501 S.W. 147TH TERR.~~ 2101 PUMPKIN PL  
~~MIAMI FL 33186~~ PALM BAY FL  
32905

TITLE ☐ Delete

NAME VD  
STREET ADDRESS FRYMAN, SY  
CITY-ST-ZIP ~~12501 S.W. 147TH TERR.~~ 2101 PUMPKIN PL  
~~MIAMI FL 33186~~ PALM BAY FL  
32905

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
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CITY-ST-ZIP

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TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SYLVIA FRYMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03

Date

321 7269499

Daytime Phone #

CR2E034 (10/02)