

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90104 012 \*\*\*158.75

04/11/03 AV

**DOCUMENT # P93000005842**

1. Entity Name  
**THANKS-A-LOCK !! INC.**



Principal Place of Business  
**9834 GLADES RD  
C-1  
BOCA RATON FL 33433  
US**

Mailing Address  
**9834 GLADES RD  
C-1  
BOCA RATON FL 33433  
US**



2. Principal Place of Business

**22018 BOCA PL DR  
Suite, Apt. #, etc.  
714**

3. Mailing Address

**22018 BOCA PLACE DR  
Suite, Apt. #, etc.  
714**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

4. FEI Number **65-0390285**

Applied For  
☐ Not Applicable

Zip  
**33433**

Country  
**PAIM Beach**

Zip  
**33433**

Country  
**PAIM Beach**

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

**HARLING, HARVEY H  
6100 GLADES ROAD  
SUITE 201  
BOCA RATON FL 33434**

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**4/4/03**  
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 **PSTD** ☐ Delete  
NAME **WILSON, ADAM**  
STREET ADDRESS **9834 GLADES RD C-1**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ Change ☐ Addition  
NAME **22018 Boca Pl DR #714**  
STREET ADDRESS **BOCA RATON FL 33433**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *[Signature]*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/03**

Date

Daytime Phone #

CR2E034 (10/02)