

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018066

1. Entity Name

ADVANCED LOCK SAFE & KEY, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90309 031 ***150.00

Principal Place of Business

Mailing Address

5411 WESTCONNETT BLVD
JACKSONVILLE FL 32244
US

5411 WESTCONNETT BLVD
JACKSONVILLE FL 32244
US

2. Principal Place of Business

5411 Westconnett Blvd

Suite, Apt. #, etc.

3. Mailing Address

5411 Westconnett Blvd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, FL

4. FEI Number

59-3177338

Applied For

Not Applicable

Zip

32244

Country

USA

Zip

32244

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULVANEY, DAVID T
5411 WESTCONNETT BLVD
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name

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

5411 Westconnett Blvd

City

Jacksonville

FL

Zip Code

32244

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.

SIGNATURE ☒

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
MULVANEY, DAVID T
STREET ADDRESS
5411 WESTCONNETT BLVD
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ Delete

NAME
MULVANEY, ELIZABETH A
STREET ADDRESS
5411 WESTCONNETT BLVD
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ Delete

NAME
WINDSOR, JOHN S
STREET ADDRESS
5411 WESTCONNETT BLVD
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)