

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90632 011 \*\*\*150.00

**DOCUMENT #** P93000018066  
**1. Entity Name**  
 Advanced Lock Safe & Key, Inc. ✓

**Principal Place of Business**      **Mailing Address**  
 5411 Wesconnett Blvd.  
 Jacksonville FL 32244

**2. Principal Place of Business**      **3. Mailing Address**  
 5411 Wesconnett Blvd.      SAME  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Jacksonville FL      Jacksonville FL  
**Zip**      **Country**      **Zip**      **Country**  
 32244      U.S.A.      32244      U.S.A.

**4. FEI Number**      **Applied For**  
 593177338      Not Applicable  
**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Mulvaney, David T.  
 5411 Wesconnett Blvd.  
 Jacksonville FL 32244

**7. Name and Address of New Registered Agent**  
 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.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2001 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**

|  |  |
|--|--|
| <b>TITLE</b><br>PD                             | <input type="checkbox"/> Delete            |
| <b>NAME</b><br>Mulvaney, David T.              |  |
| <b>STREET ADDRESS</b><br>5411 Wesconnett Blvd. |  |
| <b>CITY-ST-ZIP</b><br>Jacksonville FL 32244    |  |
| <b>TITLE</b><br>mulvaney, Elizabeth A.         | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b><br>5411 Wesconnett Blvd.           |  |
| <b>STREET ADDRESS</b><br>Jacksonville FL 32244 |  |
| <b>CITY-ST-ZIP</b><br>Jacksonville FL 32244    |  |
| <b>TITLE</b><br>VP                             | <input type="checkbox"/> Delete            |
| <b>NAME</b><br>Windsor, John S.                |  |
| <b>STREET ADDRESS</b><br>5411 Wesconnett Blvd. |  |
| <b>CITY-ST-ZIP</b><br>Jacksonville FL 32244    |  |
| <b>TITLE</b>                                   | <input type="checkbox"/> Delete            |
| <b>NAME</b>                                    |  |
| <b>STREET ADDRESS</b>                          |  |
| <b>CITY-ST-ZIP</b>                             |  |
| <b>TITLE</b>                                   | <input type="checkbox"/> Delete            |
| <b>NAME</b>                                    |  |
| <b>STREET ADDRESS</b>                          |  |
| <b>CITY-ST-ZIP</b>                             |  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |
|--|--|
| <b>TITLE</b><br>TD                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>mulvaney, David, T.             |  |
| <b>STREET ADDRESS</b><br>5411 Wesconnett Blvd. |  |
| <b>CITY-ST-ZIP</b><br>Jacksonville FL 32244    |  |
| <b>TITLE</b>                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                    |  |
| <b>STREET ADDRESS</b>                          |  |
| <b>CITY-ST-ZIP</b>                             |  |
| <b>TITLE</b><br>PD                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>Windsor, John S.                |  |
| <b>STREET ADDRESS</b><br>5411 Wesconnett Blvd. |  |
| <b>CITY-ST-ZIP</b><br>Jacksonville FL 32244    |  |
| <b>TITLE</b>                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                    |  |
| <b>STREET ADDRESS</b>                          |  |
| <b>CITY-ST-ZIP</b>                             |  |
| <b>TITLE</b>                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                    |  |
| <b>STREET ADDRESS</b>                          |  |
| <b>CITY-ST-ZIP</b>                             |  |

**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** \_\_\_\_\_ **DATE** 04/26/01 904-772-8254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)