

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90822 008 \*\*\*158.75

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DOCUMENT # P94000084166

1. Entity Name  
HIGH SECURITY LOCKSMITHS, INC.



Principal Place of Business  
18810 FRANJO ROAD  
MIAMI FL 33157

Mailing Address  
18810 FRANJO ROAD  
MIAMI FL 33157



2. Principal Place of Business  
20101 SW 92 Ave.

3. Mailing Address  
20101 SW 92 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number 65-0536002

Applied For  
Not Applicable

Zip Country  
33189 USA

Zip Country  
33189 USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DEMARIO, ART JR  
18810 FRANJO ROAD  
MIAMI FL 33157

## 7. Name and Address of New Registered Agent

Name Jon Knott  
Street Address (P.O. Box Number is Not Acceptable)  
20101 SW 92 Ave  
MIAMI FL 33189

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]* JON KNOTT PRESIDENT  
(NOTE: Registered Agent signature required when reinstating)

DATE 04/25/03

**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 P ☒ Delete  
NAME DEMARIO, ART, JR.  
STREET ADDRESS 18810 FRANJO ROAD  
CITY-ST-ZIP MIAMI FL 33157

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME Jon Knott  
STREET ADDRESS 20101 SW 92 Ave  
CITY-ST-ZIP MIAMI, FL 33189

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 an officer like empowered.

SIGNATURE: *[Signature]* JON KNOTT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 04/25/03

DAYTIME PHONE # 305-233-5625

CR2E034 (10/02)