

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032921

1. Entity Name

POMPANO LOCK & DOOR, INC.

Principal Place of Business

1294 N FEDERAL HWY  
POMPANO BEACH FL 33062  
US

Mailing Address

1294 N FEDERAL HWY  
POMPANO BEACH FL 33062  
US

2. Principal Place of Business

3. Mailing Address

1310 N Federal Hwy

1310 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO Beach FL

City & State

POMPANO Beach FL

Zip

33062

Country

BROWARD

Zip

33062

Country

BROWARD

4. FEI Number

65-0681324

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, IRENE C  
1294 N FEDERAL HWY  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name MITCHELL, IRENE C

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

1310 N. Federal Hwy

City POMPANO BEACH FL Zip Code 33062

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MITCHELL, IRENE C  
STREET ADDRESS 1294 N FEDERAL HWY  
CITY-ST-ZIP POMPANO BEACH FL 33062

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
MITCHELL, IRENE C  
1310 N. FEDERAL HWY  
POMPANO BEACH FL 33062

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Change

Addition

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: Irene C Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRENE C MITCHELL

3-12-2001

954-943  
1253

Date

Daytime Phone #

CR2E034 (10/00)

012515