2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

P95000042001

Mailing Address 3705 MANATEE AVE W

BRADENTON FL 34205

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1. Entity Name MANATEE LOCK & KEY, INC.

Principal Place of Business 3705 MANATEE AVE

2. Principal Place of Business

BRADENTON FL 34205

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE



7.

FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90133 021 ***150.00

	CHECK HERE IF MAKING CHAI	NGES	
4,	FEI Number 65-0586649	Applied For	
		Not Applicable	
5.		ate of Status Desired	
7.	Name and Address of New Registered Agent		

I IDEALGE THE TOTAL BUILD ARTHURS HAVE BRIDG BUILD THEIR BRIDG BORNS AREN

MCFARLAND, KENT 3705 MANATEE AVE W **BRANDON FL 34205**

Name	, - -	مينۍ پره	m a nasara an
Street Address (P.O. Box N	Number is Not Accepta	able)	
City		FI	Zip Code

Trust Fund Contribution.

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

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Feefwill be \$550.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition MCFARLAND, KENT NAME NAME 3705 MANATEE AVE W STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete --- -TITLES -☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR