

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90383 028 ***150.00

DOCUMENT # P95000052070

1. Entity Name
KEY AND LOCK SHOP, INC.

Principal Place of Business

260 S FEDERAL HWY
DEERFIELD BEACH FL 33441
US

Mailing Address

260 S FEDERAL HWY
DEERFIELD BEACH FL 33441
US

2. Principal Place of Business

792 S. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

792 S. FEDERAL HWY
Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FLA.

City & State

DEERFIELD BEACH, FLA.

Zip

33441

Country

U.S.

Zip

33441

Country

USA.

4. FEI Number

65-0604606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOCKLEY, ELMER D
260 S FEDERAL HWY
DEERFIELD BEACH FL 33441

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

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, 2002 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 **P** ☐ Delete
NAME **BURKHART, EARL**
STREET ADDRESS **3345 NW 16 AVE**
CITY-ST-ZIP **POMPAHO BEACH FL 33064**

TITLE **VP/S** ☐ Delete
NAME **SHOCKLEY, DEAN E.**
STREET ADDRESS **4411 NE 1 TERR.**
CITY-ST-ZIP **POMPAHO BCH. FL 33064**

TITLE **T** ☐ Delete
NAME **WALKER, RICHARD**
STREET ADDRESS **12 ROYAL PALM WAY, APT. 12-105**
CITY-ST-ZIP **BOCA RATON FL 33432**

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
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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 (9/01)