## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P95000068345** Mar 16, 2000 8:00 am **Secretary of State** F. MCDOUGALL LOCKSMITH, INC. 03-16-2000 90092 041 \*\*\*150.00 Principal Place of Business Mailing Address 1904 ROLLING GREEN CIRCLE 1904 ROLLING GREEN CIRCLE SARASOTA FL 34240-9312 SARASOTA FL 34240 NUUSUGIU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0605684 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDOUGALL, FRED H III Street Address (P.O. Box Number is Not Acceptable) 1904 ROLLING GREEN CIRCLE SARASOTA FL 34240 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F Change ☐ Addition Delete TITLE MCDOUGALL, FRED H III NAME NAME STREET ADDRESS 1904 ROLLING GREEN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MCDOUGALL, RHONDA M NAME NAME 1904 ROLLING GREEN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

MO Fred M Dog 75/1 Morsh 10.200 94/-933/819
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date