FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 02, 2002 8:00 am Secretary of State DOCUMENT # P95000068345 1. Entity Name 05-02-2002 90129 018 ***150.00 F. MCDOUGALL LOCKSMITH, INC. Principal Place of Business Mailing Address 1904 ROLLING GREEN CIRCLE 1904 ROLLING GREEN CIRCLE UUUUAY~~ SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0605684 Not Applicable Zíp Country Zip Country \$8.75 Additional 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 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition MCDOUGALL, FRED H III NAME STREET ADDRESS 1904 ROLLING GREEN CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCDOUGALL, RHONDA M NAME STREET ADDRESS 1904 ROLLING GREEN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34240 Delete TITLE 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-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18201

94/37/35/7

Daytime Phone #