FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90748 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082541

1. Entity Name
PROPLOCK INTERNATIONAL, INC.

700026654

Principal Place of Business	Mailing Address
14229 SW 127TH ST MIAMI, FL 33186	981 SW 66TH AVE N LAUDERDALE, FL 33068-2656 US

2. Principal Place of Business	3. Mailing Address
14229 SW 127St	2699 SE Hamden Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Pt St Lucie, FL
Zip: 33186 — Country: USA	Zip: 34952-5220 — Country: USA

☒ CHECK HERE IF MAKING CHANGES — Mailing Address

4. FEI Number: 65-0617739 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERCER, CARL A
981 SW 66TH AVE
NO FT LAUDERDALE, FL 33068-2656

7. Name and Address of New Registered Agent

Name: Mercer Carl A
Street Address (P.O. Box Number is Not Acceptable): 2699 SE Hamden Rd
City: Pt St Lucie — FL — Zip Code: 34952-5220

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 the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 after May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D ☐ Delete
NAME	MERCER, CARL A
STREET ADDRESS	~~981 SW 66TH AVE~~ 2699 SE Hamden Rd
CITY-ST-ZIP	~~NO FT LAUDERDALE, FL 330682656~~ Pt St Lucie, FL 34952-5220
TITLE	D ☐ Delete
NAME	MERCER, ANNA D
STREET ADDRESS	~~981 SW 66TH AVE~~ 2699 SE Hamden Rd
CITY-ST-ZIP	~~NO FT LAUDERDALE, FL 330682656~~ Pt St Lucie, FL 34952-5220
TITLE	☐ Delete
NAME	
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CITY-ST-ZIP	
TITLE	☐ Delete
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CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

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.

SIGNATURE: Carl A. Mercer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #