

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089129

1. Entity Name

SECURITY LOCK SYSTEMS OF TAMPA, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90099 035 ***150.00

Principal Place of Business

Mailing Address

4708 WEST CAYUGA STREET
TAMPA FL 33614

4708 WEST CAYUGA STREET
TAMPA FL 33614-6949

2. Principal Place of Business

3. Mailing Address

7704 Ann Ballard Rd.

7704 Ann Ballard Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number 59-3343378

Applied For
Not Applicable

Zip 33634-2333

Country

Zip 33634-2333

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IKEN, HOWARD
4708 W. CAYUGA STREET
TAMPA FL 33614

Name Howard Iken

Street Address (P.O. Box Number is Not Acceptable)
7704 Ann Ballard Rd.

City Tampa

FL

Zip Code 33634-2333

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME IKEN, HOWARD
STREET ADDRESS 4708 WEST CAYUGA STREET
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE PSTD
NAME Iken, Howard
STREET ADDRESS 7704 Ann Ballard Rd.
CITY-ST-ZIP Tampa, FL 33634-2333 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/19/00 X (813) 874-1608

CR2E034 (9/99)