

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004683

1. Entity Name
A-OK LOCKSMITH, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90124 048 ***158.75

Principal Place of Business

931 SR 434 #1201-303
ALTAMONTE SPRINGS FL 32714

Mailing Address

931 SR 434 #1201-303
ALTAMONTE SPRINGS FL 32714

00045152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4044 Lake Mary Blvd.

Suite, Apt. #, etc.

#225 - UNIT 104

City & State

Lake Mary, FL

Zip

32746

Country

USA

3. Mailing Address

4044 Lake Mary Blvd.

Suite, Apt. #, etc.

#225 - UNIT 104

City & State

Lake Mary, FL

Zip

32746

Country

USA

4. FEI Number 59-3350792

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, BARBARA

931 SR 434 #1201-303

ALTAMONTE SPRINGS FL 32714

4044 LAKE MARY BLVD

#225 - UNIT 104

LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name

MILLS, BARBARA

Street Address (P.O. Box Number is Not Acceptable)

4044 LAKE MARY BLVD

#225 - UNIT 104

City

LAKE MARY

FL

Zip Code

32746

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 Barbara A. Mills

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Apr 27, 2001

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, 2001 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 D
NAME MILLS, BARBARA ☐ Delete
STREET ADDRESS 931 SR 434 #1201-303
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☒ Change ☐ Addition
NAME MILLS, BARBARA
STREET ADDRESS 4044 LAKE MARY BLVD
CITY-ST-ZIP #225 - UNIT 104 LAKE MARY, FL 32746

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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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: Barbara A. Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA A. MILLS

4-27-01

Date

407-359-5050

Daytime Phone #

CR2E034 (10/00)