

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90115 021 \*\*\*150.00

**DOCUMENT # P96000012441**

1. Entity Name  
**ALLMAN'S LOCKSMITH, INC.**

Principal Place of Business  
**6719 WASHINGTON PLACE**  
**BRADENTON FL 34207**  
**US**

Mailing Address  
**6719 WASHINGTON PLACE**  
**BRADENTON FL 34243**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0647195**

Applied For

Not Applicable

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

**WOMELDOEPH, HOWARD**  
**6489 PARKLAND DR**  
**SARASOTA FL 34243**

Name  
**HOWARD WOMELDORPH**

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

**7648 LOCKWOOD RIDGE RD**

City **SARASOTA**

FL

Zip Code  
**34243**

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

*Howard Womeldorph*

*4/10/01*  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLMAN, JAMES A</b>	
STREET ADDRESS	<b>6719 WASHINGTON PLACE</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>ALLMAN, TRISH</b>	
STREET ADDRESS	<b>6719 WASHINGTON PLACE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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: *Patricia Allman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patricia Allman* *4/10/01*  
 Date Daytime Phone #