

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000033584**

1. Entity Name

HOTEL LOCK SERVICES, INC.**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90147 014 ***150.00

Principal Place of Business

**150 OSFORD ST
STE 100
FERN PARK FL 32730**

Mailing Address

**P O BOX 1550509
ALTAMONTE SPRINGS FL 32715
US**

2. Principal Place of Business

150 Oxford Rd

3. Mailing Address

Suite, Apt. #, etc.

Ste. 100

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3381480

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

**MARTIN, JOHN
314 NEWBURYPORT AVE
ALTAMONTE SPRINGS FL 32701**

Name

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

City

FL

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)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	MARTIN, JOHN			
	314 NEWBURYPORT AVE			
	ALTAMONTE SPRINGS FL 32701			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

407-339-3670

CR2E034 (9/99)