2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Y

FILED DOCUMENT # P96000064267 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA SECURITY LOCKERS, INC. 04-24-2000 90099 028 ***150.00 Principal Place of Business Mailing Address 2240 23RD ST., SW 2240 23RD ST., SW NAPLES FL 34117-4623 NAPLES FL 34117 2. Principal Place of Business 3. Mailing Address 716 Deauville Circle <u>5716 Deauville</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 工-102 T-10Z City & State City & State Applied For 4. FEI Number 65-3396664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WINN, III BALCOM, RON P.O. Box Number is Not Acceptable) Deauville Circle 2240 23RD ST., SW NAPLES FL 34117 I-102 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 🚣 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D Addition TITLE TITLE Delete Delete Joseph A. Quinn, III BALCOM, RON NAME NAME STILE DEAUVILLE Circle J-102 STREET ADDRESS 2240 23RD ST., SW STREET ADDRESS Naples FL 34112 CITY-ST-ZIP NAPLES FL 34117 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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