

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000093364**

1. Entity Name **Capital Lock & Key, Inc.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 22 PM 2:53

Principal Place of Business

Mailing Address

**214 Rose Hill Ln  
Tallahassee FL  
32312**

2. Principal Place of Business

3. Mailing Address

**214 Rose Hill Ln**

Suite, Apt. #, etc.

City & State

City & State

**Tallahassee FL**

Zip

Country

Zip

Country

**32312**

**Leon**

4. FEI Number

**59-3921422**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Corey A Webb**

Name

**214 Rose Hill Ln**

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

**Tallahassee Florida 32312**

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

**Corey Webb**

**5-9-00**

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 **P** ☐ Delete  
NAME **Corey Webb**  
STREET ADDRESS **214 Rose Hill Ln**  
CITY-ST-ZIP **Tallahassee FL 32312**

TITLE ☐ Change ☐ Addition  
NAME **100003275691--7**  
STREET ADDRESS **-06/05/00--01003--018**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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)(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:

**Corey Webb**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-9-00**

Date

**(850) 894-1655**

Daytime Phone #

CR2E034 (9/99)

**AD**