

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097581

1. Entity Name

LOCK BOX, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90120 017 ***150.00

Principal Place of Business

3111 CARDINAL DRIVE
VERO BEACH FL 32963

Mailing Address

3111 CARDINAL DRIVE
VERO BEACH FL 32963-1920

2. Principal Place of Business

8380 CALAMANDREN WAY

Suite, Apt. #, etc.

3. Mailing Address

8380 CALAMANDREN WAY

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

65-0732721

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32963

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMBERG, CHARLES
20220 BOCA WEST DRIVE APT 1003
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

CHARLES SAMBERG

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

19496 PLANTERS POINT DR.

City

BOCA RATON

FL

Zip Code

33434

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

Charles Samberg

(NOTE: Registered Agent signature required when reinstating)

4/18/00

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

TITLE ☐ Delete

NAME DP
STREET ADDRESS LOACH, STACEY
CITY-ST-ZIP 347 W 57 ST
NY NY

TITLE ☐ Delete

NAME DST
STREET ADDRESS LEWIS, MURIEL
CITY-ST-ZIP 438 W 51 STREET
NY NY

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Charles Samberg CHARLES SAMBERG

Date

4/18/00

Daytime Phone #

561-479 4719