## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P96000099792

1. Entity Name

NAME STREET ADDRESS

CITY-ST-ZIP



**FILED** Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90215 012 \*\*\*150.00

ACTION SAFE AND LOCK INC.							
Principal Place of Business 3787 AURORA RD MELBOURNE FL 32934-6149	Mailing Address 3787 AURORA RD MELBOURNE FL 329	•					
2. Principal Place of Business	3. Mailing Address	3. Mailing Address		†	<b>                                    </b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State	City & State	City & State		4. FEI Number 59-3418828	Applied For Not Applicable		
Zip Country	Zip	Zip Country			<b>75</b> Additional Required		
6. Name and Address of Cui	rrent Registered Agent		to the second	7. Name and Address of New Registered Agen	it		
			Name				
EASTER, BARBARA E 3787 AURORA RD			Street Address (P.O. Box Number is Not Acceptable)				
MELBOURNE FL 32934				•			
			City FL Zip Code				
The above named entity submits this statem the obligations of registered agent.	ent for the purpose of changin	ng its registere	ed office or register	red agent, or both, in the State of Florida. I am famil	iar with, and accept		
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	d Agent signature required	d when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550 Make Check Payable to Florida Departme	0.00			9. Election Campaign Financing Trust Fund Contribution.	<b>\$5.00</b> May Be Added to Fees		
10. OFFICERS	AND DIRECTORS	11.	4	ADDITIONS/CHANGES TO OFFICERS AND DIR	RECTORS IN 11		

	Signature, typed or printed name of registered agent and title if app	licable. (NOTE: R	egistered Agent signatu	are required when rein	nstating)	DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State				Election Campaign Financir     Trust Fund Contribution.	☐ Adde	<b>)0</b> May Be d to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EASTER, BARBARA 3787 AURORA RD. MELBOURNE FL 32934	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D EASTER, JAMES 3787 AURORA RD. MELBOURNE FL 32934	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITI F		□ Delete	TITLE			Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURES** 

321-7<u>52-444</u>