

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018748

1. Entity Name
BUCCANEER LOCK & KEY, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90301 022 ***150.00

Principal Place of Business

1917 W. NORTH ST
TAMPA FL 33604

Mailing Address

9509 SULLIVAN ROAD
1917 W. NORTH ST
TAMPA FL 33604

2. Principal Place of Business

1701 SKIPPER RD.

3. Mailing Address

1701 SKIPPER RD.

Suite, Apt. #, etc.

21

Suite, Apt. #, etc.

21

City & State

TAMPA FL.

City & State

TAMPA, FL.

4. FEI Number 59-3441588

Applied For

Not Applicable

Zip 33613

Country HILS.

Zip 33613

Country HILS.

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

CONANT, DAVID C
9509 SULLIVAN ROAD
TAMPA FL 33618

Name DAVID C CONANT

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

1701 SKIPPER RD.

#21

City TAMPA

FL

Zip Code 33613

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

David C Conant

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, 2001 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 PD
NAME CONANT, DAVID C
STREET ADDRESS 9509 SULLIVAN ROAD
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE PD
NAME DAVID C CONANT
STREET ADDRESS 1701 SKIPPER RD #21
CITY-ST-ZIP TAMPA, FL 33613 ☒ Change ☐ Addition

TITLE SD
NAME CONANT, JENNIFER S
STREET ADDRESS 9509 SULLIVAN ROAD
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

813-866-9666

Daytime Phone #

CR2E034 (10/00)