FILED
Jul 18, 2003 8:00 am
Secretary of State
07-07-2003 90309 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039806

1. Entity Name
CHARLOTTE COUNTY SAFE & LOCK, INC.

55051580

[redacted]

Principal Place of Business	Mailing Address
2320-3 TAMIAMI TRAIL PT CHARLOTTE, FL 33952	2320-3 TAMIAMI TRAIL PT CHARLOTTE, FL 33952

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
22026 Voltair Ave.	22026 Voltair Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte FL
Zip: 33954 Country: USA	Zip: 33954 Country: USA

4. FEI Number: 65-0750428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEROY, KEITH B
2320-3 TAMIAMI TRAIL
PT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name: Keith LeRoy
Street Address (P.O. Box Number is Not Acceptable): 22026 Voltair Ave.
City: Port Charlotte FL Zip Code: 33954

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Keith Le Roy
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEROY, KEITH		NAME		
STREET ADDRESS	22026 VOLTAIR AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 like empowered.

SIGNATURE: Keith LeRoy 7/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #