

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90098 040 ***150.00

DOCUMENT # P97000055803

1. Entity Name

BRANDON LOCK & SAFE, INC.

Principal Place of Business

1120 ALETHA AVENUE NW
 PORT CHARLOTTE FL 33948

Mailing Address

1120 ALETHA AVENUE NW
 PORT CHARLOTTE FL 33948-7602

2. Principal Place of Business

333 N. Falkenburg Rd

3. Mailing Address

Suite, Apt. #, etc.

B-221

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33619

Country

USA

Zip

Country

4. FEI Number

65-0762885

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

0059561



6. Name and Address of Current Registered Agent

MUSALL, VICKIE L
 1120 ALETHA AVENUE NW
 PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MUSALL, VICKIE L	1120 ALETH AVENUE NW	PORT CHARLOTTE FL 33948	<input type="checkbox"/>
D	KEFFER, KUYLER A	6018 DAVID BLVD	PORT CHARLOTTE FL 33981	<input checked="" type="checkbox"/>
D	MUSALL, LARRY	1120 ALETH AVENUE NW	PORT CHARLOTTE FL 33948	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1120 ALETHA Ave. NW		<input checked="" type="checkbox"/> Correction
		1120 ALETHA Ave. NW		<input checked="" type="checkbox"/> Correction
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vickie L. Musall* **VICKIE L. MUSALL** 4-7-00 (813) 655-4200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #