5/19/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State
05-19-2002 90193 012 ***158.75

DOCUMENT # P98000020572

1. Entity Name
SURE-WOOD LOCK, INC.

Principal Place of Business	Mailing Address
1705 SW 4TH CT. FORT LAUDERDALE FL 33312	1705 SW 4HT CT. FORT LAUDERDALE FL 33312

94746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0902240 ☐ Applied For ☐ Not Applicable

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
SANCHELIMA, JESUS 235 SW LE JEUNE RD MIAMI FL 33134	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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MICHAUD, YVES 7109 NW 69 AVE TAMARAC FL 33321	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Edwards, Titus 1705 SW.4th. Ct. Ft.Lauderdale Fl. 33312 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEAF, TOM 1700 SW 4TH CT FORT LAUDERDALE FL 33312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Machaud, Yves 7109 NW. 69th Ave. Tamarac, Fl. 33321 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT EDWARDS, TITUS 1705 SW 4TH CT FORT LAUDERDALE FL 33312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Belanger, Alan 2363 NW. 182nd Terrace Pembroke Pines, Fl. 33028 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BELANGER, ALAIN 2363 NW 162 TERRACE PEMBROKE PINES FL 33028	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Leaf, Tom 1700 SW. 4th.Ct. FT.Lauderdale, Fl. 33312 ☐ 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	NO CHANGE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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] TITUS M EDWARDS 4-24-02 954 763-5881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #