

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90040 012 ***150.00

DOCUMENT # P98000050744

1. Entity Name
CHANG LOCKS AND SAFE, INC.

| | |
|--|--|
| Principal Place of Business 4950 S. ORANGE BLOSSOM TR. STE. H ORLANDO FL 32839 | Mailing Address 4950 S. ORANGE BLOSSOM TR. STE. H ORLANDO FL 32839 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3516148 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | | | |
|---|--|--|--|--|----------|
| 6. Name and Address of Current Registered Agent CHANG, VIRGILIO JR 2504 TROBADOR ST. ORLANDO FL 32839 | | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|--------------------|---------------------------------|---|--|---|
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHANG, VIRGILIO JR | | NAME | | |
| STREET ADDRESS | 2504 TROBADOR ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32839 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHANG, ROGELIA | | NAME | | |
| STREET ADDRESS | 2504 TROBADOR ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32839 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHANG, SALVADOR | | NAME | | |
| STREET ADDRESS | 2504 TROBADOR ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32839 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHANG, VIRGILIO SR | | NAME | | |
| STREET ADDRESS | 2504 TROBADOR ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32839 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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 REQUIRED* 1-29-02 407-438-1498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)