

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91012 022 \*\*\*150.00

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**DOCUMENT # P98000057657**

1. Entity Name  
**LINDHAVEN LOCKSMITH, INC.**



Principal Place of Business  
**216 CITRUS TRIAL  
BOYNTON BEACH FL 33436**

Mailing Address  
**216 CITRUS TRIAL  
BOYNTON BEACH FL 33436**



2. Principal Place of Business

**581 So. Country Club Dr**

3. Mailing Address

**581 So. Country Club Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Atlanta, FL**

City & State

**Atlanta, FL**

4. FEI Number

**65-0845068**

Applied For

Not Applicable

Zip

Country

**33462 USA**

Zip

Country

**33462 USA**

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

6. Name and Address of Current Registered Agent

**LIND, STACEY A  
216 CITRUS TRIAL  
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name

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

**581 South Country Club Drive**

City

**Atlanta**

FL

Zip Code

**33462**

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 **Stacey A. Lind**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/03**

**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

TITLE **DV**  
NAME **LIND, STACEY A**  
STREET ADDRESS **216 CITRUS TRIAL**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV**  
NAME **Lind Stacey A.**  
STREET ADDRESS **581 South Country Club Dr**  
CITY-ST-ZIP **Atlanta, FL 33462**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

**Stacey A. Lind**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03 561-364-4044**

Date

Daytime Phone #

CR2E034 (10/02)