2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90033 005 ***150.00

DOCUMENT # P98000087488

1. Entity Name

SEBRING LOCK & KEY, INC.

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94005996

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2. Principal Place of Business		3. Mailing Address	
3953 U.S. 27 S		3953 U.S. 27 S	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State: SEBRING, FLA.		City & State: SEBRING, FLA.	
Zip: 33870-5512	Country: USA	Zip: 33870-5512	Country: USA

4. FEI Number 65-0875408 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: HAINES, ELIZABETH

Street Address (P.O. Box Number is Not Acceptable): 11806 S.R. 60 EAST

City: LAKE WALES FL Zip Code: 33853

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSD	TITLE	
NAME	HAINES, ROBERT	NAME	
STREET ADDRESS	11806 S.R. 60 EAST	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FLA. 33853	CITY-ST-ZIP	
TITLE	VTD	TITLE	
NAME	HAINES, ELIZABETH	NAME	
STREET ADDRESS	11806 S.R. 60 EAST	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FLA 33853	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Haines 1/4/03 863-314-0370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR