

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/9/02

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90040 001 ***400.00
06-09-2003 90116 027 ***150.00

DOCUMENT # P99000001615

1. Entity Name
A - ACCOUNTABLE LOCKSMITH, CORPORATION

Principal Place of Business
2216 HEATHER OAK
APOKA FL 32703

Mailing Address
PO BOX 915854
LONGWOOD FL 32781

*1389 Black Willow Trail
Altamonte Springs FL 32714*

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3551497 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
CARROLL, LAURA
567 KEY ROYALE DR
HOLMES BEACH FL 34217

*209 Peacock Lane
Holmes Beach
34217*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARROLL, KENNETH 722 SAWYING PALM TRAIL APOKA FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KENNETH CARROLL 209 PEACOCK LANE HOLMES BEACH FL 34217 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **REQUIRED** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)