

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022212

1. Entity Name  
M & R LOCKSMITH CORPORATIONPrincipal Place of Business  
6951 NW 43RD AVENUE  
COCONUT CREEK FL 33073Mailing Address  
6951 NW 43RD AVENUE  
COCONUT CREEK FL 33073

2. Principal Place of Business		3. Mailing Address <i>7040 WEST PALMETTO PARK ROAD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite #4-448</i>	
City & State		City & State <i>BOCA RATON, FL</i>	
Zip	Country	Zip <i>33433</i>	Country <i>Palm Beach</i>
4. FEI Number <i>65-0902753</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			
EMIG, RON 6951 NW 43RD AVENUE COCONUT CREEK FL 33073			
7. Name and Address of New Registered Agent			
Name <i>Emig, Ron Deau</i> Street Address (P.O. Box Number is Not Acceptable) <i>7040 WEST PALMETTO PARK ROAD</i> <i>Suite # 4-448</i> City <i>BOCA RATON</i> FL <i>33433</i>			

03-25-2002 90160 040 \*\*\*150.00

FILED  
Mar 25, 2002 8:00 am  
Secretary of State

DO NOT WRITE IN THIS SPACE

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 <i>Emig, Ron Deau</i>	DATE <i>3-11-02</i>
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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: *Emig, Ron Deau* 3-11-02 561-702-6419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)