

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035563

1. Entity Name

FIRST CHOICE LOCK AND SAFE, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90076 006 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 205
LECANTO FL 34461

P.O. BOX 205
LECANTO FL 34429-7928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8018 W. Gulf to Lake Hwy
Suite, Apt. #, etc.

3. Mailing Address

8018 W. Gulf to Lake Hwy
Suite, Apt. #, etc.

City & State

Crystal River

City & State

Crystal River, FL

4. FEI Number

59-3476876

Applied For

Not Applicable

Zip

34429

Country

2

Zip

34429

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPENTER, DAVID
8018 W. GULF TO LAKE HWY.
CRYSTAL RIVER FL 34429

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CARPENTER, DAVID
STREET ADDRESS P.O. BOX 205
CITY-ST-ZIP LECANTO FL 34461

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 8018 W. Gulf to Lake Hwy
CITY-ST-ZIP Crystal River, FL. 34429

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

352-564-8169

Daytime Phone #

CR2E034 (9/99)