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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91157 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054704

1. Entity Name
LAKELAND LOCK & SAFE, INC.

11041347

Principal Place of Business	Mailing Address
1113-B SOUTH FLORIDA AVENUE LAKELAND, FL 33803	POST OFFICE BOX 90812 LAKELAND, FL 33804-0812

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **59-3582056** ☐ Applied For ☐ Not Applicable

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
MEDINA, DANIEL PA 107 MORNINGSIDE DRIVE SUITE A LAKELAND, FL 33803	Name STEPHEN H. ARTMAN, P.A. Street Address (P.O. Box Number Is Not Acceptable) 925 S. FLORIDA AVE. City LAKELAND FL Zip Code 33803

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 STEPHEN H. ARTMAN PA (NOTE: Required Agent signature required when reinstating) DATE 4/29/03

FILING FEE & PENALTY
Must Be Typed or Printed
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOFF, LARRY J JR. 7521 OAK TERRACE DRIVE LAKELAND, FL 33810	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD GOFF, BARBARA J 7521 OAK TERRACE DRIVE LAKELAND, FL 33810	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: BARBARA J. GOFF 4/29/03 (863) 686-8613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #