2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000078099** Apr 27, 2000 8:00 am Secretary of State GNF LOCK COMPANY, INC. 04-27-2000 90068 026 ***150.00 Principal Place of Business Mailing Address 206 2ND AVE. APT #6 206 2ND AVE. APT #6 INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address 206 22nd Ave. 206 22nd Ave., Apt 6 Apt 6 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3594980 Applied For City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name George N. Feder HABER, LAWRENCE H Street Address (P.O. Box Number is Not Acceptable) 206 22nd Avenue, Apt 6 C/O MORAN & SHAMS, P.A. 111 N ORANGE AVE, SUITE 1200 ORLANDO FL 32801 ^{City} Indian Rocks Beach 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 George N Feder **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change ☐ Addition ☐ Delete TITLE FEDER, GEORGE NAME 206 2ND AVE. APT #6 STREET ADDRESS STREET ADDRESS 206 22nd Avenue, Apt 6 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785** CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

.: George N.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: