

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90003 030 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000111818

1. Entity Name

A & G LOCK GUYS, INC.

Principal Place of Business

**3960 S PINE AVE
 OCALA FL 34480**

Mailing Address

**3960 S PINE AVE
 OCALA FL 34480**

2. Principal Place of Business

6430 S. Pine Ave

Suite, Apt. #, etc.

3. Mailing Address

6430 S. Pine Ave

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip
34480

Country

Marion

City & State

Ocala, FL

Zip

34480

Country

Marion

4. FEI Number

59-3617523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, CATHERINE M
 3960 S PINE AVE
 OCALA FL 34480**

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

6430 S. Pine Ave

City

Ocala

FL

Zip Code

34480

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

Catherine M Cohen

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

(NOTE: Registered Agent signature required when reinstating)

4-26-02

DATE

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, 2002 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

TITLE ☐ Delete
 NAME **PS**
 STREET ADDRESS **COHEN, ALAN M**
 CITY-ST-ZIP **3960 S PINE AVE 6430
 OCALA FL 34480**

TITLE ☐ Delete
 NAME **VT**
 STREET ADDRESS **COHEN, CATHERINE M**
 CITY-ST-ZIP **3960 S PINE AVE 6430
 OCALA FL 34480**

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **SAWYER, RICHARD E**
 CITY-ST-ZIP **3960 S. PINE AVE
 OCALA FL 34480**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **COHEN, CATHERINE M**
 CITY-ST-ZIP **3960 S. PINE AVE 6430
 OCALA FL 34480**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **Cohen, Alan M.**
 CITY-ST-ZIP **6430 S. Pine Ave
 Ocala, FL 34480**

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

Catherine M Cohen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Pres/Treasurer 4-26-02

Date

352-620-2897

Daytime Phone #

CR2E034 (9/01)