

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47941

1. Entity Name

~~A-AREA LOCKSMITH, INC.~~

AL'S LOCKSMITH, INC

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90464 041 ***150.00

Principal Place of Business

Mailing Address

5902 TERN DRIVE
NEW PORT RICHEY FL 34652
US

5902 TERN DRIVE
NEW PORT RICHEY FL 34652-6340
US

00000117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15455-61st ST. No
Suite, Apt. #, etc.

15455-61st ST. No
Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

65-0655868

Applied For

Not Applicable

Zip
33760

Country
USA

Zip
33760

Country
USA

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

RAMSON, BRYAN P
5902 TERN DRIVE
NEW PORT RICHEY FL 34652

CHRIS COOPER
15455-61st ST No
CLEARWATER FL
850-487-6053 3376

Name

CHRIS COOPER

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

15455-61st ST. NORTH

City

CLEARWATER, FL 33760

Zip Code

33760

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

Chris Cooper President

4/17/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
COOPER, CHRISTOPHER S.
15455 61ST STREET, N.
CLEARWATER FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Chris Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00
Date

(727) 787-1181
Daytime Phone #

CR2E034 (9/99)