

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 688887

1. Entity Name

JENKINS/LOCKEY ASSOCIATES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90080 016 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 15078
DAYTONA BCH FL 32115

P.O. BOX 15078
DAYTONA BCH FL 32115-5078

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 59-2047029

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

~~LOCKWOOD, BARBARA JEAN~~
~~625 N. HALIFAX~~
~~SUITE #3~~
~~DAYTONA BEACH FL 32018~~

Name Kyle E. Lockeby Jr
Street Address (P.O. Box Number is Not Acceptable) 2201 So. Peninsula Drive
City DAYTONA BEACH FL Zip Code 32118

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

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	<input type="checkbox"/> Delete
NAME	LOCKEY, KYLE E, JR	
STREET ADDRESS	2201 S PENINSULA DR	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOCKEY, HELEN	
STREET ADDRESS	2201 S PENINSULA DR	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LOCKWOOD, BARBARA J.	
STREET ADDRESS	625 N. HALIFAX #3	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2201 South Peninsula Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2201 South Peninsula Drive
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Delete in total
CITY-ST-ZIP	RETIRED
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4-7-2000 (904) 257-1777

CR2E034 (9/99)