

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 738575

FILED
Jul 07, 2002 8:00 AM
Secretary of State

Entity Name: LOCKLIN LAKE RESTORATION PROJECT, INC.

Current Principal Place of Business:

908 LAKEWOOD DR
MILTON, FL 32570 US

New Principal Place of Business:

5300 LAKEWOOD DR.
MILTON, FL 32570 US

Current Mailing Address:

908 LAKEWOOD DR
MILTON, FL 32570 US

New Mailing Address:

5300 LAKEWOOD DR.
MILTON, FL 32570 US

FEI Number: 59-3025354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, KENNETH L. JR. E
6839 CAROLINE ST
MILTON, FL 32570

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DSC () Delete
Name: HOOD, BYRON J
Address: 705 LAKESHORE DR
City-St-Zip: MILTON, FL

Title: DSC () Delete
Name: GOETZKE, RICHARD W
Address: 711 LAKESHORE DR
City-St-Zip: MILTON, FL

Title: DT () Delete
Name: CHOATE, CR
Address: 908 LAKEWOOD DR.
City-St-Zip: MILTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSC (X) Change () Addition
Name: HOOD, BYRON J
Address: 6485 LAKESHORE DR
City-St-Zip: MILTON, FL

Title: DSC (X) Change () Addition
Name: GOETZKE, RICHARD W
Address: 6467 LAKESHORE DR
City-St-Zip: MILTON, FL

Title: DT (X) Change () Addition
Name: CHOATE, CR
Address: 5300 LAKEWOOD DR.
City-St-Zip: MILTON, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON J. HOOD

PRES

07/07/2002

Electronic Signature of Signing Officer or Director

Date