2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am Secretary of State **DOCUMENT #** F01000000702 1. Entity Name 03-11-2002 90060 018 ***150.00 LOCKSILL TRADING LIMITED INC. Principal Place of Business Mailing Address ONE BEACH DRIVE SE. STE 220 ONE BEACH DRIVE SE. STE 220 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 98-0335801 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7."Name and Address of New Registered Agent" Name ROBERGE, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 1 BEACH DRIVE SE, STE 220 ST PETERSBURG FL 33701 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE **PSCD** Delete TITLE ☐ Addition GRECO, ROCIO NAME NAME STREET ADDRESS 1 BEACH DRIVE SE, STE 220 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP ☐ Addition TITLE VTD ☐ Delete TITLE Change GRECO, DOMENICO NAME NAME STREET ADDRES 1. BEACH DRIVE SE, STE 220_ STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition 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.

NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE DATE PROPER # SIGNATURE:

ATTACHMENT DOCH F01600000 702

THOMAS C. ROBERGE & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

Brent S. McLean, CPA Thomas C. Roberge, CPA

334120

February 19, 2002

Division of Corporations.
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

LOCKSILL TRADING LIMITED INC.

To Whom It May Concern:

I am the Florida Registered Agent for the above referenced company. Enclosed is our check for \$150.00 for the 2002 Uniform Business Report.

Sincerely,

Thomas C. Roberge, CPA

TCR/c Enclosures