

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000000421**

1. Entity Name

LOCK REALTY CORPORATION IV**FILED**
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90285 009 ***150.00

615342

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3206 SUGAR MAPLE BUSINESS COURT SOUTH BEND IN 46628		Mailing Address 3206 SUGAR MAPLE BUSINESS COURT SOUTH BEND IN 46628	
2. Principal Place of Business 7648 ST. ANDREWS CIRCLE Suite, Apt. #, etc.		3. Mailing Address 7648 ST. ANDREWS CIRCLE Suite, Apt. #, etc.	
City & State PORTAGE, MI 49024		City & State PORTAGE, MI	
Zip 49024	Country USA	Zip 49024	Country USA
4. FEI Number 35-1880844		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CENTERS, W.L. 26455 RAMPART BLVD. PORT CHARLOTTE FL 33983		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST CENTERS, WILLIAM L 3206 SUGAR MAPLE BUSINESS COURT SOUTH BEND IN 46628 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM L. CENTERS 7648 ST. ANDREWS CIRCLE PORTAGE, MI. 49024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L. CENTERS

Date

1/12/01

Daytime Phone #

616-324-9411

CR2E034 (10/00)