

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001062**

1. Entity Name

LOCK REALTY CORPORATION VI**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90070 050 ***150.00

| | |
|---|--|
| Principal Place of Business 3206 SUGAR MAPLE BUSINESS COURT SO. BEND IN 46628 | Mailing Address 3206 SUGAR MAPLE BUSINESS COURT SO. BEND IN 46628-4372 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 31-1408284 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent**CENTERS, WILLIAM L**
535 SANCTUARY DRIVE, UNIT 103
LONGBOAT KEY FL 34228**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

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 State10. 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 | PTSD | TITLE | |
| NAME | CENTERS, WILLIAM L | NAME | |
| STREET ADDRESS | 3206 SUGAR MAPLE BUSINESS COURT | STREET ADDRESS | |
| CITY-ST-ZIP | SO. BEND IN 46628 | CITY-ST-ZIP | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Additi | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00
Date219-233-677.
Daytime Phone #