

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90012 009 \*\*\*150.00

**DOCUMENT # F98000001062**

1. Entity Name

**LOCK REALTY CORPORATION VI**

Principal Place of Business

Mailing Address

**3206 SUGAR MAPLE BUSINESS COURT  
 SO. BEND IN 46628**

**3206 SUGAR MAPLE BUSINESS COURT  
 SO. BEND IN 46628**

2. Principal Place of Business

**7648 ST ANDREWS CIRCLE 7648 ST ANDREWS CIRCLE**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**PORTAGE, MICH.**

City & State

**PORTAGE, MI.**

Zip

**49024**

Country

**USA**

Zip

**49024**

Country

4. FEI Number

**31-1408284**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$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

**WILLIAM L. CENTERS**

Street Address (P.O. Box Number is Not Acceptable)

**8121 45th CT. E.**

City

**SARASOTA**

FL

Zip Code

**34243**

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]*

**WILLIAM L. CENTERS**

**1/12/01**

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, 2001 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

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	CENTERS, WILLIAM L	
STREET ADDRESS	3206 SUGAR MAPLE BUSINESS COURT	
CITY-ST-ZIP	SO. BEND IN 46628	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CENTERS, WILLIAM L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7648 ST. ANDREWS CIRCLE	
STREET ADDRESS	PORTAGE, MI 49024	
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		
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]*

**WILLIAM L. CENTERS**

**1/12/01**

**616-324-9411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)