

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J47875

1. Entity Name

LOCKHART, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90031 041 ***150.00

Principal Place of Business

Mailing Address

18 N LAKE ST
CRESCENT CITY FL 32112
US

PO BOX 4
CRESCENT CITY FL 32112-9714
US

2. Principal Place of Business

3. Mailing Address

281 GEORGETOWN CUT OFF RD. HC1 Box 163L

Suite, Apt. #, etc.

Suite, Apt. #, etc.

RD.

City & State

City & State

CRESCENT CITY FL

CRESCENT CITY FL

Zip

Country

Zip

Country

32112

PUTNAM

32112

PUTNAM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOCKHART, WILLIAM J.
281 GEORGETOWN CUT-OFF ROAD
PO BOX 4
CRESCENT CITY FL 32112

Name

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

HC1 Box 163L

CRESCENT CITY

FL

Zip Code

32112

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.

WILLIAM J. LOCKHART

1/31/00

(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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DP
STREET ADDRESS LOCKHART, WILLIAM J.
CITY-ST-ZIP 281 GEORGETOWN CUT OFF RD
CRESCENT CITY FL 32112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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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 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 J. LOCKHART

904 467-7077

1/31/00

Daytime Phone #