

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # J76241

1. Entity Name  
Locke Farms, Inc.

Principal Place of Business Mailing Address  
7474 Highway 85 North SAME  
LAUREL HILL FL 32567

FILED

01 JUN 11 PM 5:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2288313

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOCKE, CHARLES S  
7474 Highway 85 North  
LAUREL HILL, FL 32567

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
LOCKE, CHARLES S.  
7474 Hwy 85 N.  
LAUREL HILL, FL 32567

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPTD  
LOCKE OLIVE C.  
10 STILL BOND DRIVE  
NEW FREEDOM, GA, 17999

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
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300004449339-4  
-06/28/01--01028--012  
\*\*\*\*150.00 \*\*\*\*150.00

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CITY - ST - ZIP

☐ Change ☐ 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:

Charles S. Locke

6/8/01

CR2E034 (11/00)

6/8/01

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Dept. of STATE

DIV. of CORPORATIONS

P.O. Box 6327

Tallahassee, Florida 32314

Reference the two enclosed Uniform Business Reports (Locke Farms, Inc., and Locke Shade Trusts, Inc.,

Enclosed please find two checks for \$150<sup>00</sup> for each for Locke Shade Trusts and Locke Farms for the annual filing fee. I respectfully request that the late filing fees (yes each) for these two corporations be waived. I never received the "reports" in the mail on they got misplaced, I had both forgotten about the annual report until my nephew ask if I had filed the report. At that time he called your office for blank forms so I could file. I am 83 years old and not in good health, I have limited income and the \$800<sup>00</sup> late filing penalty would create an extreme hardship on me.

THANK YOU

Charles S. Locke

P.O. Box 6327 Tallahassee, Florida 32314