

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 APR 27 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~H99000025863~~ L99000006652

1. Entity Name
LOCKWOOD FIVE LLC

Principal Place of Business PMB #297 8951 Bonita Beach Rd. #525 Bonita Springs, FL 34135	Mailing Address PMB #297 8951 Bonita Beach Rd. #525 Bonita Springs, FL 34135
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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 59-3606376 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MJM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

William E. Trebilcock
PMB 297
8951 Bonita Beach Road #525
Bonita Springs, FL 34135

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 William E. Trebilcock 4-22-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member William E. Trebilcock PMB 297 8951 Bonita Beach Road #525 Bonita Springs, FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300003249759-7 -05/12/00-01012-024 *****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE William E. Trebilcock 941-992 7396

CR2E083 (11/99)