## LIMITED LIABILITY COMPANY
## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**   L99000006652

**1.** Entity Name

LOCKWOOD FIVE LLC

DO NOT WRITE IN THIS SPACE

955992

| **2.** Principal Place of Business | **3.** Mailing Address |
|---|---|
| PMB #300 | PMB #300 |

| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---|---|
| 8951 Bonita Beach Rd.#525 | 8951 Bonita Beach Rd. #525 |

| City & State | City & State |
|---|---|
| Bonita Springs, FL | Bonita Springs, FL |

DO NOT WRITE IN THIS SPACE

| Zip | Country | Zip | Country |
|---|---|---|---|
| 34135 | USA | 34135 | USA |

**4.** FEI Number
593606376

| Applied For |
| Not Applicable |

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

**7. Name and Address of Current Registered Agent**

DO NOT WRITE IN THIS SPACE

Name
William E. Trebilcock

Street Address (P.O. Box Number is Not Acceptable)
PMB #300

8951 Bonita Springs Rd. #525

City Bonita Springs    FL   Zip Code 34135

**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_  William E. Trebilcock    4/22/02
Signature, typed or printed name of registered agent and title if applicable.                DATE

**FEE IS $50.00**
Make Check Payable to Department of State
DUE BY MAY 1

**9.**                MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Managing Member<br>William E. Trebilcock<br>PMB#300, 8951 Bonita Springs Rd.#525<br>Bonita Springs, FL 34135 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

**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 Trebilcock_ William Trebilcock, MGRM    4/22/02   239-992-7396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #