

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000034187**

1. Entity Name

LOCKAMY CONSULTING, INC.**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90177 009 ***150.00

Principal Place of Business

Mailing Address

~~ONE INDEPENDENT DRIVE~~~~ONE INDEPENDENT DRIVE~~~~SUITE 3000~~~~SUITE 3000~~~~JACKSONVILLE FL 32202~~~~JACKSONVILLE FL 32202~~

2. Principal Place of Business

3. Mailing Address

50 North Laura Street

P. O. Box 4099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3300

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Zip

Country

Country

32202

US

32201

US

4. FEI Number

59-3642727

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MADM CORPORATE SERVICES, INC.~~~~ATTN: DANIEL B. NUNN~~~~ONE INDEPENDENT DRIVE SUITE 3000~~~~JACKSONVILLE FL 32202~~

Name

RAX CO., a Florida corporation

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

c/o Daniel B. Nunn, Jr.

50 North Laura Street, Suite 3300

City

Jacksonville

FL

Zip Code
32202

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

Daniel B. Nunn, Jr. 02/21/01

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 State10. 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	D/P	<input type="checkbox"/> Delete
NAME	Lockamy, Floyd	
STREET ADDRESS	639 Queens Harbor Boulevard	
CITY-ST-ZIP	Jacksonville, FL 32225	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/T	<input type="checkbox"/> Delete
NAME	Lockamy, Ellen	
STREET ADDRESS	639 Queens Harbor Boulevard	
CITY-ST-ZIP	Jacksonville, FL 32225	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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:

Floyd Lockamy, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-09-01

904-220-0964

CR2E034 (10/00)