

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000027528

1. Entity Name
LOCKE INTERNATIONAL, INC.



Principal Place of Business
2703 AUTUMN CREEK CIR.
KISSIMMEE, FL 34747

Mailing Address
2703 AUTUMN CREEK CIR.
KISSIMMEE, FL 34747

2. Principal Place of Business

2703 AUTUMN CREEK CIR.

Suite, Apt. #, etc.

3. Mailing Address

2703 AUTUMN CREEK CIR.

Suite, Apt. #, etc.

City & State

KISSIMMEE

City & State

KISSIMMEE

Zip

34747

Country

USA

Zip

34747

Country

USA

4. FEI Number

59-3703993

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER, DONALD E.
390 N. ORANGE AVE.
PO BOX 1549
ORLANDO, FL 32802

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when changing)

DATE

FILE NOW!!! FEE \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKE, PETER A 2703 AUTUMN CREEK CIR. KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKE, ANNE 2703 AUTUMN CREEK CIR. KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKE, AMANDA J 2703 AUTUMN CREEK CIR. KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA LOCKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03 407-390-0800
Daytime Phone #

Evening

11010232



CHECK HERE IF MAKING CHANGES

CR2E034 (10/2)