2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90366 010 ***150.00

DOCUMENT # P96000008580

1. Entity Name
LOCKWOOD FINANCIAL SERVICES GROUP INCORPORATED

Principal Place of Business
2748 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308

Mailing Address
1260 E OAKLAND PK BLVD
FT LAUDERDALE FL 33334

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0636014 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
FUHRMEISTER, CHRISTOPHER J.
1260 E OAKLAND PK BLVD
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent
Name: Judith A. Jarvis
Street Address (P.O. Box Number is Not Acceptable): 1260 E. Oakland Park Blvd Ste #200
City: Ft. Lauderdale FL Zip Code: 33334

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: Judith A Jarvis JUDITH A JARVIS 4/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	D ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	GALLANT, GLENN M	NAME	GALLANT, GLENN M.
STREET ADDRESS	5596 BAYVIEW DRIVE	STREET ADDRESS	1260 E OAKLAND PARK BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	FUHRMEISTER, J C	NAME	
STREET ADDRESS	1260 E OAKLAND PK BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED President 954-453-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/02)