## 2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT #	P960000	67656							٠,	
LOCKHART AUTO SERVICE INC.							FILED				
						_		0	O FEB	16 PM	1:1.0
Principal Place of Business Mailing Address								Si	ECRETA	10 V Om 6	1.42
7330 EDGEWATER DRIVE DRLANDO FL 32810  2. Principal Place of Business  Suite, Apt. #, etc.  City & State			7330 EDGEWATER DRIVE ORLANDO FL 32810-3463  3. Mailing Address Suite, Apt. #, etc. City & State				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
								DO NOT WR	ITE IN THIS	S SPACE	
						<b>4.</b> F	El Number	59-341256	 64		pplied For ot Applicable
Zip	С	ountry	Zip	Coun	ntry	5. 0	Certificate of	Status Desired		\$8.75 Ad	ditional
	6. Name and	Address of Current R	egistered Agent			7. N	lame and A	ddress of New	Registered		
					Name						
LUCAS, WILLIAM K 8200 ROSE AVENUE					Street Add	iress (P.O. B	ox Number is	s Not Acceptabl	e)		
	ANDO FL 32810										
					City				F	Zip Cod	de
					1				• 1		
8. The above			the purpose of changing		····			in the State of F	lorida.		
SIGNATURE .  9. This corporate filing r	Signature, typed or prin	nted name of registered agent and	d title if applicable. (Ni	OTE: Registere V!!! FEE 2000 Fee	ed Agent signature IS \$150.00 will be \$550	required when re	instating)	in the State of F	DATE	\$5.0	OO May Be
SIGNATURE .  9. This corporate filing r	Signature, typed or prin oration is eligible s requirement and e ria on back)	nted name of registered agent and constitution of the state of the sta	of title if applicable. (No. FILE NOV After MAY 1, 2 Make Check Pays	OTE: Registere V!!! FEE 2000 Fee	ed Agent signature IS \$150.00 will be \$550 epartment o	required when re  0.00  State	10. Electi Trust	on Campaign Fi	DATE inancing on.	\$5.0 Adde	d to Fees
9. This corporate filling respectively.	Signature, typed or print oration is eligible trequirement and eria on back)  P LUCAS, WILL 8200 ROSE A	to satisfy its Intangible elects to do so.  OFFICERS AND D  AM K  VENUE	of title if applicable. (No. FILE NOV After MAY 1, 2 Make Check Pays	OTE: Registere VIII FEE 2000 Fee able to De 12. TITL NAM STRI	ad Agent signature IS \$150.00 Will be \$550 epartment o	required when re  0.00  State	10. Electi Trust	on Campaign Fi Fund Contribution	DATE inancing on.	\$5.0 Adde	d to Fees
9. This corporate filling of (See criter)  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed or pr	osatisfy its Intangible elects to do so.  OFFICERS AND D  AM K VENUE 32810	od title if applicable. (No FILE NOV After MAY 1, 2 Make Check Pays	VIII FEE 2000 Fee able to De 112. TITL NAM STRI CITY TITL NAM STRI	IS \$150.00 will be \$550 epartment of the second sec	required when re  0.00  State	10. Electi Trust	on Campaign Fi Fund Contribution HANGES TO OF	DATE inancing on.	\$5.0 Adde	d to Fees  S IN 11  Addition  Addition
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indicated on this report of suppliers the and account this report as 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.

MULKUDE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William K. Lucas

Date