

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100046

1. Entity Name

LOCKWOOD HOLDINGS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90071 049 ***150.00

Principal Place of Business

Mailing Address

701 N. SHORE DRIVE
 ANNA MARIA FL 34216

9 ELIZABETH ST S
 BRAMPTON ON L6Y1P
 US

2. Principal Place of Business

703 NORTH SHORE DRIVE

3. Mailing Address

9 ELIZABETH ST. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ANNA MARIA ISLAND, FLORIDA

City & State

BRAMPTON, ONTARIO

Zip

34216

Country

Zip

L6Y1P7

Country

CANADA

4. FEI Number

59-3429098

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

BARNES, GARRETT
 3119 MANATEE AVE WEST
 BRADENTON FL 34205

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.

SIGNATURE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | DPTS | <input type="checkbox"/> Delete |
| NAME | LOCKWOOD, HARRY | |
| STREET ADDRESS | 9 ELIZABETH ST. S. | |
| CITY-ST-ZIP | BRAMPTON ON L6Y1P | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LOCKWOOD, HARRY | |
| STREET ADDRESS | 9 ELIZABETH ST. S. | |
| CITY-ST-ZIP | BRAMPTON ON L6Y1P | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY LOCKWOOD

FEB. 17/00 905-451-5720

Date

Daytime Phone #

CR2E034 (9/99)