## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000076554** LOCKLIN MOBILE HOME SUPPLY AND REPAIR, INC.

## **FILED** May 05, 2000 8:00 am Secretary of State 05-05-2000 90098 003 \*\*\*150.00

Principal Place of Business			Mailing Address								
	2 NW 10TH AVE LAUDERDALE FL 33309		3512 NW 10TH AVE FT LAUDERDALE FL 33309-5902  3. Mailing Address								
2. Principal Place of Business											
Suite, Apt #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e		City & State			<b>4</b> . F	El Number	65-079817	'1	<del></del>	Applied For
Zip	Cou	ntry	Zip	Country		5. 0	Certificate of S	tatus Desired		\$8.75 A Fee Requi	dditional
6. Name and Address of Current F			gistered Agent			7. N	lame and Ad	iress of New F	Registered /	Agent	
LOC	KLIN, WILLIAM A				Name	(DO D	- Mirah - Za	N A	-1		
3512	NW 10TH AVE			-	Street Addre	ess (P.O. B	ox Number is	Not Acceptable	e) 		
,,,	AODENDACE I'E	00003		-	City				FL	Zip Co	ode
		de this statement for th	ne purpose of changing i	ite registered	office or roa	istored age	ant or both in	the State of El		<u>'                                    </u>	
8. The above	named entity subn	ilis inis statement for tr	ie purpose oi changing i	iis registereu	onice or reg	Jistereu ayı	sint, or both, it	THE STATE OF FR	onda.		
SIGNATURE .											
SIGNATURE _									DATE		
	Signature, typed or printe	name of registered agent and	title if applicable. (No	OTE: Registered A	gent signature re	equired when re	instating)		DATE	_	
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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:

4-26-00

9545656162

Daytime Phone #