

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90060 021 \*\*\*150.00

0445128 AV

**DOCUMENT # P98000010868**

1. Entity Name

**BILL LOCKWOOD TRUCKING, INC.**

Principal Place of Business

**11755 4TH ST E.  
 TREASURE ISLAND FL 33706**

Mailing Address

**11755 4TH ST E.  
 TREASURE ISLAND FL 33706**

2. Principal Place of Business

**2103 17th St East**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 967**

Suite, Apt. #, etc.

City & State  
**Palmetto, Florida**

Zip  
**34221**

Country  
**Manatee**

City & State  
**Palmetto, Florida**

Zip  
**34220**

Country  
**Manatee**

4. FEI Number

**59-3493996**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**LOCKWOOD, DOROTHY  
 11755 4TH ST E.  
 TREASURE ISLAND FL 33706**

## 7. Name and Address of New Registered Agent

Name

**Lynn L. White**

Street Address (P.O. Box Number is Not Acceptable)-

**2103 17th St East**

**PO Box 967**

City

**Palmetto**

**FL**

Zip Code  
**34221**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOCKWOOD, WILLIAM G</b> <b>11755 4TH ST E</b> <b>TREASURE ISLAND FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Malcolm Wolf</b> <b>President</b> <b>2470 No Clark St Unit 201</b> <b>Chicago, IL 60614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <b>Lynn L. White</b> <b>1518 67th St West</b> <b>Bradenton, FL 34209</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Lynn L. White*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lynn L. White 1/7/02 941 729 5604**

Date

Daytime Phone #

CR2E034 (9/01)