

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
 02-15-2001 90014 016 ***158.75

DOCUMENT # P98000091357

1. Entity Name
LOCKNESS, INC.

Principal Place of Business 2541 OAK DR PALM BEACH GARDENS FL 33410 US	Mailing Address 2541 OAK DR PALM BEACH GARDENS FL 33410 US
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U0017175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18971 SE Outrigger Lane Suite, Apt. #, etc.	3. Mailing Address 18971 S.E. Outrigger Ln Suite, Apt. #, etc.
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City & State Jupiter FL	City & State Jupiter, FL
Zip 33458	Zip 33458
Country USA	Country USA

4. FEI Number 59-3541462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**MERRILL, RANDY E P.A.
 4501 NORTH TAMiami TRAIL
 SUITE 208
 NAPLES FL 34103**

7. Name and Address of New Registered Agent
 Name **GARLAND RAY WEIS**
 Street Address (P.O. Box Number is Not Acceptable)
18971 SE Outrigger Lane
 City **Jupiter** FL **33458**

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 *Garland Ray Weis* **2/11/01**
Signature, typed or printed name of registered agent and agent 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WEIS, GARLAND RAY 2541 OAK DR PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: *Garland Ray Weis* **2/11/01** (561) 315-4719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)