2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

608 MALLORY DR

PANAMA CITY FL 32405

P99000010173 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

PANAMA CITY FL 32405

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

608 MALLORY DR

JKL CONSTRUCTION CONSULTING, INC.

Country

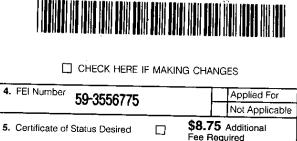
6. Name and Address of Current Registered Agent



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90301 016 ***150.00

Ellalation



LOCKE, JOHN K 608 MALLORY DR PANAMA CITY FL 32405

7. Name and Address of New Registered Agent						
Name	* * * * * *					
			-			
Street Ad	dress (P.O. Bo	x Number is N	lot Acceptat	ole)		
				-		
City						
City				FL	Zip Code	
					1	

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. I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPTS** TITLE ☐ Delete JITLE ☐ Change ☐ Addition NAME LOCKE, JOHN'K NAME **608 MALLORY DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP DVP ☐ Delete TITLE ☐ Change LOCKE, LILA A NAME ☐ Addition NAME STREET ADDRESS **608 MALLORY DRIVE** STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: