

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000017905**

1. Entity Name

HUGH M. LOKEY & ASSOCIATES, INC.**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90077 033 ***150.00

00048118

DO NOT WRITE IN THIS SPACE

Principal Place of Business 5210 S ORANGE AVENUE ORLANDO FL 32809	Mailing Address 5210 S ORANGE AVENUE ORLANDO FL 32809
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2. Principal Place of Business 641 West Michigan Street Suite, Apt. #, etc.	3. Mailing Address 641 West Michigan Street Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32805	Country

4. FEI Number 59-3557630	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOKEY, HUGH M 5210 S ORANGE AVENUE ORLANDO FL 32809	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 641 West Michigan Street City Orlando, FL 32805 FL Zip Code
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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 _____ (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 checked="" 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	D LOKEY, HUGH M 5210 S ORANGE AVENUE ORLANDO FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 641 West Michigan Street Orlando, FL 32805
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
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: HUGH M. LOKEY **HUGH M. LOKEY** **4-26-01** **(407) 872-1636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)