

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91152 011 ***150.00

0698046 FP

DOCUMENT # P99000041157



1. Entity Name
LOCKE PETROLEUM, INC.

Principal Place of Business
37006 LOCKE ST.
DADE CITY FL 33523

Mailing Address
FOOD MAX
37006 LOCKE ST
DADE CITY FL 33523

11040040



2. Principal Place of Business
Dade city
37006 LOCKE ST FL 33523
Suite, Apt. #, etc.

3. Mailing Address *Food Max 37006*
LOCKE ST DADE CITY FL 33523
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Dade city, FL
Zip
33523
Country
U.S.A.

City & State
Dade city, FL
Zip
33523
Country
U.S.A.

4. FEI Number **65-0920745** Applied For
 Not Applicable.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAFIQ, SUFIA
1525 NW 3RD ST., SUITE 14
DEERFIELD BCH FL 33442

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 the obligations of registered agent.

SIGNATURE **SHAFIQ SUFIA**

DATE **04-30-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHAFIQ, SUFIA	
STREET ADDRESS	3040 ALOMA AVE., #J8	
CITY-ST-ZIP	WINTER PARK FL 32791	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED SHAFIQ SUFIA** *04-30-03*
(352) 518-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)