

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093576

1. Entity Name

LOCKEY ELECTRICAL SERVICES, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90135 035 \*\*\*150.00

348016



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
13094 LINDEN DRIVE  
SPRING HILL FL 34609

Mailing Address  
13094 LINDEN DRIVE  
SPRING HILL FL 34609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1566277  
Applied For  
Not Applicable

Zip Country Zip Country

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

LOCKEY, THOMAS D  
13094 LINDEN DRIVE  
SPRING HILL FL 34609

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.

SIGNATURE Thomas D. Lockey, Pres. 01-15-01  
(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME LOCKEY, THOMAS  
STREET ADDRESS 13094 LINDEN DR.  
CITY-ST-ZIP BROOKSVILLE FL 34609 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS SPRINGHILL, FL 34609  
CITY-ST-ZIP

TITLE VP  
NAME LOCKEY, DONNA  
STREET ADDRESS 13094 LINDEN DR.  
CITY-ST-ZIP BROOKSVILLE FL 34609 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS SPRING HILL, FL 34609  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

Thomas D. Lockey

Thomas D. Lockey 01-15-01 (352) 683-2602  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)