FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90101 009 ***150.00

DOCUMENT # P99000093576

1. Entity Name

Lockey Electrical Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12132 Wind River Ln.	12132 Wind River Ln.
Suite, Apt. #, etc. Apt. 15	Suite, Apt. #, etc. Apt. 15
City & State Hudson, FL	City & State Hudson, FL.
Zip 34667 Country U.S.A.	Zip 34667 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1566277 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Thomas D. Lockey

Street Address (P.O. Box Number is Not Acceptable): 12132 Wind River Ln

City: Hudson FL Zip Code: 34667

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: Thomas D. Lockey DATE: 03-17-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	Thomas D. Lockey
STREET ADDRESS	12132 Wind River Ln., Apt. 15
CITY-ST-ZIP	Hudson, FL. 34667
TITLE	VP
NAME	Thomas D. Lockey
STREET ADDRESS	12132 Wind River Ln., Apt. 15
CITY-ST-ZIP	Hudson, FL. 34667

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas D. Lockey Thomas D. Lockey 03-17-03 352-683-2602

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

CR2E034B (12/02)