

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90013 003 ***150.00

DOCUMENT # S14798

1. Entity Name

LOCKMAN OF PINELLAS COUNTY, INC.

Principal Place of Business

6236 PARK BLVD.
PINELLAS PARK FL 34665

Mailing Address

6236 PARK BLVD.
PINELLAS PARK FL 34665

2. Principal Place of Business

6236 PARK BLVD

Suite, Apt. #, etc.

3. Mailing Address

SAME AS

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PINELLAS PARK, FL

City & State

4. FEI Number **59-3024512**

Applied For

Not Applicable

Zip

33781

Country

PINELLAS

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

HENSLEY, CLAUDE**7315 62ND WAY****PINELLAS PARK FL 33781**

Name

Street Address (P.O. Box Number is Not Acceptable)

13920 EGRET LA.**CLEARWATER****FL**Zip Code
33762

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

Claude A. Hensley**CLAUDE A. HENSLEY****1/22/01**

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

(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 State10. 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	DP	<input type="checkbox"/> Delete
NAME	HENSLEY, CLAUDE	
STREET ADDRESS	7315 62ND WAY	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HENSLEY, PAMELLA	
STREET ADDRESS	7315 62ND WAY	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13920 EGRET LA.	
CITY-ST-ZIP	CLEARWATER, FL. 33762	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13920 EGRET LA.	
CITY-ST-ZIP	CLEARWATER, FL. 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Claude A. Hensley**CLAUDE A HENSLEY****1/22/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)