

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36703

1. Entity Name  
LOCKMOBILE, INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**  
07-26-2000 90045 022 \*\*\*550.00

Principal Place of Business

Mailing Address

~~499 FAIRPOINT DRIVE~~  
GULF BREEZE FL 32561

~~499 FAIRPOINT DRIVE~~  
GULF BREEZE FL 32561

1401 A Greenbriar

1401 A GREENBRIAR

2. Principal Place of Business

3. Mailing Address

1401 A GREENBRIAR

1401 A GREENBRIAR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
GULF BREEZE FL

City & State  
GULF BREEZE FL correct # 59-3019492

4. FEI Number 59-3019492

Applied For  
Not Applicable

Zip 32561 Country Santa Rosa

Zip 32561 Country Santa Rosa

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

MATTHEWS, EDESEL F., JR.  
308 SOUTH JEFFERSON ST.  
PENSACOLA FL 32501

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 HOUSER, LUCY M  
STREET ADDRESS ~~499 FAIRPOINT DRIVE~~ 1323 Calcutta  
CITY-ST-ZIP GULF BREEZE FL 32561

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

TITLE V  
NAME HOUSER, GEORGE W  
STREET ADDRESS ~~499 FAIRPOINT DRIVE~~ 1323 Calcutta  
CITY-ST-ZIP GULF BREEZE FL 32561

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

TITLE D  
NAME HOUSER, STEPHEN D  
STREET ADDRESS 3212 CORNELL DRIVE  
CITY-ST-ZIP GULF BREEZE FL 32561

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)