

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # V58045

1. Entity Name
LOCKE SHADE TREE'S, INC.

Principal Place of Business Mailing Address
C/O CHARLIE S. LOCKE SAME
7474 Highway 85 North
LAUREL HILL, FL 32567

FILED

01 JUN 11 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LOCKE CHARLIE S. 7474 Highway 85 North LAUREL HILL, FL 32567				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) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	LOCKE CHARLIE S.	7474 Highway 85 North LAUREL HILL FL 32567				
	VPTD	LOCKE OLIVE C.	10 STILL ROAD DRIVE NEW FREEDOM, PA 17349				

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: *Charlie S. Locke* 6/8/01

CR2E034 (11/00)

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6/8/01

Dept of State
Div of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Reference the two enclosed "Uniform Business Reports (Locke Farms, Inc., and Locke Share Trusts, Inc.

Enclosed please find two checks for \$150⁰⁰ for each for Locke Share Trusts and Locke Farms for the annual filing fee. I respectfully request that the late filing fees (yes each) for these two corporations be waived. I never received the "reports" in the mail or they got misplaced. I had totally forgotten about the Annual Report until my nephew ask if I had filed the report. At that time he called your office for blank forms so I could file. I am 83 years old and not in good health. I have limited income and the \$800⁰⁰ late filing penalty would create an extreme hardship on me.

THANK YOU

Charles S. Locke