

DOCUMENT # P0000000562

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90042 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name  
**ACMB-AMERICAN CORPORATION FOR MILLING AND BOREWORKS**

Principal Place of Business Mailing Address  
**871 VENETIA BAY BLVD., SUITE 200** **871 VENETIA BAY BLVD., SUITE 200**  
**VENICE FL 34293** **VENICE FL 34293**

2. Principal Place of Business 3. Mailing Address  
**871 Venetia Bay Blvd.** **871 Venetia Bay Blvd.**  
Suite, Apt. #, etc. **Suite 206** Suite, Apt. #, etc. **Suite 206**

City & State City & State  
**Venice, FL** **Venice, FL**

Zip Country Zip Country  
**34292** **USA** **34292** **USA**

4. FEI Number **65-0979088** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CASWELL, CHRIS**  
**2364 FRUITVILLE ROAD**  
**SARASOTA FL 34237**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FRITZ, WALTER</b> <b>871 VENETIA BAY BLVD., SUITE 200</b> <b>VENICE FL 34293</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>LAUKAMP, HANS-ULRICH</b> <b>871 VENETIA BAY BLVD., SUITE 200</b> <b>VENICE FL 34293</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>HERSPRUNG, AXEL</b> <b>871 VENETIA BAY BLVD., SUITE 200</b> <b>VENICE FL 34293</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, which is otherwise empowered.

SIGNATURE: *Walter Fritz* (Walter Fritz)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001  
Date

941-412-3688  
Daytime Phone #

CR2E034 (10/00)