

DOCUMENT # P00000000562

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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