

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002253

1. Entity Name

ACL AUTOMOTIVE AMERICA INC.

Principal Place of Business

5050 OAKBROOK PARKWAY
SUITE #500
NORCROSS GA 30093-2536
US

Mailing Address

5050 OAKBROOK PARKWAY
SUITE 500
NORCROSS GA 30093-2536
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1913094

Applied For

Not Applicable

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$150.00
After MAY 1, 2000 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 PD ☐ Delete
NAME VEHLEWALD, TIM
STREET ADDRESS 5050 OAKBROOK PARKWAY SUITE #500
CITY-ST-ZIP NORCROSS GA 30093

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

TITLE VSTD ☐ Delete
NAME PETERSEN-TUCKER, SUSAN
STREET ADDRESS 5050 OAKBROOK PARKWAY SUITE #500
CITY-ST-ZIP NORCROSS GA 30093

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

TITLE CD ☐ Delete
NAME JAMES, IVAN D
STREET ADDRESS LEVEL 8, 390 KILDA STREET
CITY-ST-ZIP MELBOURNE AU

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

TITLE D ☐ Delete
NAME SAWARD, MICHAEL J
STREET ADDRESS LEVEL 8, 390 KILDA STREET
CITY-ST-ZIP MELBOURNE AU

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

TITLE D ☐ Delete
NAME COX, STEPHEN J
STREET ADDRESS 5050 OAKBROOK PARKWAY SUITE #500
CITY-ST-ZIP NORCROSS GA 30093

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Petersen-Tucker, Treasurer 4/28/2000

Date

Daytime Phone #

770-925-9993

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE