

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90355 019 ****61.25

DOCUMENT # N01000008577

1. Entity Name

A.E.L. PREVENTION SERVICES, INC.

Principal Place of Business

**1033 KIRKMAN RD., #109
 ORLANDO FL 32811**

Mailing Address

**P.O. BOX 580939
 ORLANDO FL 32858**

2. Principal Place of Business

**1033 Kirkman Rd #
 Suite, Apt. #, etc.
 #109**

3. Mailing Address

**P.O. Box 580939
 Suite, Apt. #, etc.**

City & State

Orlando, FL

City & State

FL

Zip

32811

Country

USA

Zip

32858

Country

USA

4. FEI Number

02-0558713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LOCKHART, ALLEN E
 1033 KIRKMAN RD., #109
 ORLANDO FL 32811**

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

Allen E. Lockhart - President Allen E. Lockhart 5/1/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V = Vice President
STREET ADDRESS	Gloria L. Lockhart
CITY-ST-ZIP	P.O. Box 580939 Orlando, FL 32858
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D = Director
STREET ADDRESS	Alvin Lockhart
CITY-ST-ZIP	1923 Dennison St Little Rock, AR 72202
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D = Director
STREET ADDRESS	John Taylor, Sr.
CITY-ST-ZIP	P.O. Box 1019 Harvey, IL 60419
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AD - Administrative Director
STREET ADDRESS	Mrs. Carolyn Hill
CITY-ST-ZIP	2100 W. 22nd St. Little Rock, AR 72202
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T = Trustee
STREET ADDRESS	Thomas Ziffer
CITY-ST-ZIP	2448 Andre Court Ocoee, FL 34761
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T = Trustee
STREET ADDRESS	Owciinn Arnett
CITY-ST-ZIP	5932 Norvale Ct. Orlando, FL 32808

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allen E. Lockhart 5/1/02 407 295-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment # N 01000008577

T - Trustee

Lillian Johnson

Addition

P.O. Box 551022

Orlando, Florida 32855

407-999-7771

D = Director

John E. Taylor, Jr.

Addition

P.O. Box 1019

Harvey, IL. 60426