

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90063 012 ***150.00

DOCUMENT # P00000000562

1. Entity Name

**ACMB-AMERICAN CORPORATION FOR MILLING AND BOREWO
RKS, INC.**

Principal Place of Business

**871 VENETIA BAY BLVD
SUITE 206
VENICE FL 34292**

Mailing Address

**871 VENETIA BAY BLVD
SUITE 206
VENICE FL 34292**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 Venetia Bay Blvd.

Suite, Apt. #, etc.

Suite 250

**City & State
Venice, FL**

**Zip
34292**

**Country
USA**

3. Mailing Address

901 Venetia Bay Blvd.

Suite, Apt. #, etc.

Suite 250

**City & State
Venice, FL**

**Zip
34292**

**Country
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

(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, 2002 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

TITLE **D** ☐ Delete
NAME **FRITZ, WALTER**
STREET ADDRESS **871 VENETIA BAY BLVD., SUITE 200**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

2/6/2002

Date

941-480 1773

Daytime Phone #

CR2E034 (9/01)