

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-27-2002 90034 015 ***158.75

DOCUMENT # P01000046077

1. Entity Name
AMERICAN LOCATORS, INC.

Principal Place of Business

**11316 SE 62ND AVENUE
 BELLEVUE FL 34420**

Mailing Address

**11316 SE 62ND AVENUE
 BELLEVUE FL 34420**

2. Principal Place of Business

3270 S.E. 58th Ave

3. Mailing Address

3270 S.E. 58th Ave

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

Ocala FL

City & State

Ocala FL

Zip

34471

Country

US

Zip

34471

Country

US

4. FEI Number

59-3717344

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**STERLING PARRIS, KIM
 5105 SE 24 PL
 OCALA FL 34471**

7. Name and Address of New Registered Agent

Name: Kim S. Parris
Street Address (P.O. Box Number is Not Acceptable): 3270 SE 58th Ave Suite 3
City: Ocala, FL Zip Code: 34471

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: Kim S. Parris Pres. **Kim S Parris 2-14-02**
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 **\$5.00 May Be**
 Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STERLING PARRIS, KIM	
STREET ADDRESS	3270 SE 58 AVE, STE 3-C	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	YORK, STEVEN L	
STREET ADDRESS	3270 SE 58 AVE, STE 3-C	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARRIS, WENDY	
STREET ADDRESS	3270 SE 58 AVE, STE 3-C	
CITY-ST-ZIP	OCALA FL 34471	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres/V.Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim S PARRIS	
STREET ADDRESS	3270 SE 58th Ave Suite 3	
CITY-ST-ZIP	Ocala FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy PARRIS	
STREET ADDRESS	3270 SE 58th Ave Suite 3	
CITY-ST-ZIP	Ocala FL 34471	
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, with another like empowered.

SIGNATURE: Kim S. Parris **Kim S. PARRIS** **2-14-02** **352-624-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)