

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018149

1. Entity Name

AMERICAN LOKRING CORPORATION

Principal Place of Business

2525 DUNDEE RD.
WINTER HAVEN FL 33884
US

Mailing Address

2525 DUNDEE RD.
POST OFFICE BOX 673
WINTER HAVEN FL 33882-0673
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3179555

Applied For

Not Applicable

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

FOSTER, JAMES E
ACKERMAN, SENTERFITT & EIDSON, P.A.
255 SOUTH ORANGE AVE 17TH FLOOR
ORLANDO FL 32802

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	P	<input type="checkbox"/> Delete
NAME	TINKLER, JEFFREY	
STREET ADDRESS	2525 DUNDEE ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HACKFORTH, BERND	
STREET ADDRESS	D-4690 HERNE	
CITY-ST-ZIP	HEERSTRASA 66, F.R. GERMANY	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALZ, ULRICH	
STREET ADDRESS	D-4690 HERNE	
CITY-ST-ZIP	HEERSTRASA 66, F.R. GERMANY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWAIM, DIETER	
STREET ADDRESS	D-4690 HERNE	
CITY-ST-ZIP	HEERSTRASA 66, F.R. GERMANY	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREEN, BARBARA	
STREET ADDRESS	2525 DUNDEE RD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FOSTER, JAMES E.	
STREET ADDRESS	20 N. ORANGE AVE SUITE 600	
CITY-ST-ZIP	ORLANDO FL	

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 with all other like empowered.

SIGNATURE:

Barbara L. Green, C.F.O.

January 5, 2000 863-324-2424 301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90076 009 ***150.00



DO NOT WRITE IN THIS SPACE