

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

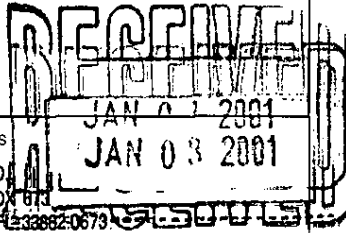
Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90066 003 \*\*\*150.00

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 613  
WINTER HAVEN FL 33884-0613  
US

902248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3179555

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

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, 2001 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  
NAME TINKLER, JEFFREY  
STREET ADDRESS 2525 DUNDEE ROAD  
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

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

TITLE D  
NAME HACKFORTH, BERND  
STREET ADDRESS D-4690 HERNE  
CITY-ST-ZIP HEERSTRASA 66, F.R. GERMANY ☐ Delete

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

TITLE D  
NAME FALZ, ULRICH  
STREET ADDRESS D-4690 HERNE  
CITY-ST-ZIP HEERSTRASA 66, F.R. GERMANY ☐ Delete

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

TITLE D  
NAME SCHWAIM, DIETER  
STREET ADDRESS D-4690 HERNE  
CITY-ST-ZIP HEERSTRASA 66, F.R. GERMANY ☐ Delete

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

TITLE T  
NAME GREEN, BARBARA  
STREET ADDRESS 2525 DUNDEE RD  
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

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

TITLE AS  
NAME FOSTER, JAMES E.  
STREET ADDRESS 20 N. ORANGE AVE SUITE 600  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

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 Barbara L. Green, Chief Financial Officer 01-09-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)