

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90219 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 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

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Director** ☒ Change ☐ Addition
NAME **Jeffrey Tinkler**
STREET ADDRESS **2525 Dundee Road**
CITY-ST-ZIP **Winter Haven, FL 33884**

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

TITLE **President** ☐ Change ☒ Addition
NAME **Thomas Falz**
STREET ADDRESS **2525 Dundee Road**
CITY-ST-ZIP **Winter Haven, FL 33884**

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

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

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

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

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

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

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

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

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 607, 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:

Barbara L. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Barbara L. Green** **January 21, 2003** **863-324-2421**
Date Daytime Phone #

CR2E034 (10/02)