

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90010 012 \*\*\*150.00

**DOCUMENT # M68290**

1. Entity Name  
**ACME DYNAMICS, INC.**

Principal Place of Business <b>3608 SYDNEY RD          P O BOX 1780          PLANT CITY FL 33564-1780          US</b>	Mailing Address <b>3608 SYDNEY RD          P O BOX 1780          PLANT CITY FL 33564-1780          US</b>
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2871798</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> <b>MURPHY, JOSEPH A          4615 GENTRICE DRIVE          VALRICO FL 33594</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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																								
<table border="1"> <tr> <td>TITLE</td> <td><b>PD</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>MURPHY, JOSEPH A.</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4615 GENTRICE DR</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>VALRICO FL</b></td> <td></td> </tr> </table>	TITLE	<b>PD</b>	<input type="checkbox"/> Delete	NAME	<b>MURPHY, JOSEPH A.</b>		STREET ADDRESS	<b>4615 GENTRICE DR</b>		CITY-ST-ZIP	<b>VALRICO FL</b>		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete																							
NAME	<b>MURPHY, JOSEPH A.</b>																								
STREET ADDRESS	<b>4615 GENTRICE DR</b>																								
CITY-ST-ZIP	<b>VALRICO FL</b>																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td><b>EVD</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>IRWIN, CHRISTOPHER</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>11404 ORILLA DEL RIO PL</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>TEMPLE TERRACE FL 33617</b></td> <td></td> </tr> </table>	TITLE	<b>EVD</b>	<input type="checkbox"/> Delete	NAME	<b>IRWIN, CHRISTOPHER</b>		STREET ADDRESS	<b>11404 ORILLA DEL RIO PL</b>		CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<b>EVD</b>	<input type="checkbox"/> Delete																							
NAME	<b>IRWIN, CHRISTOPHER</b>																								
STREET ADDRESS	<b>11404 ORILLA DEL RIO PL</b>																								
CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td><b>VD</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>THARPE, MELVIN D.</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>629 SE 28TH STREET, #17</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MELROSE FL</b></td> <td></td> </tr> </table>	TITLE	<b>VD</b>	<input type="checkbox"/> Delete	NAME	<b>THARPE, MELVIN D.</b>		STREET ADDRESS	<b>629 SE 28TH STREET, #17</b>		CITY-ST-ZIP	<b>MELROSE FL</b>		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> Delete																							
NAME	<b>THARPE, MELVIN D.</b>																								
STREET ADDRESS	<b>629 SE 28TH STREET, #17</b>																								
CITY-ST-ZIP	<b>MELROSE FL</b>																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
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: JOSEPH A. MURPHY **JOSEPH A. MURPHY, PRESIDENT** **4/11/00** **(813) 752-3137**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)