

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-11-2001 90029 043 ***150.00

DOCUMENT # P00000014718
 1. Entity Name
ACME TRAILER SERVICES, INC.

Principal Place of Business Mailing Address
9471 BAYMEADOWS RD. STE 308 **9471 BAYMEADOWS RD. STE 308**
JACKSONVILLE FL 32256 **JACKSONVILLE FL 32256**

2. Principal Place of Business 3. Mailing Address
4297 DILLION ST **P.O. Box 60457**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE FL. **JACKSONVILLE FL.**
 Zip Zip Country Country
32205 **32236-0457**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PLEIMAN, THOMAS C JR
9471 BAYMEADOWS RD
JACKSONVILLE FL 32256

4. FEI Number Applied For
59-3630294 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 7. Name and Address of New Registered Agent
 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's 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

TITLE	P	<input type="checkbox"/> Delete
NAME	Duncan, Daniel	
STREET ADDRESS	11506 Ashley Manor Way	
CITY-STATE-ZIP	Jacksonville, FL. 32236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Baker, Keith		
STREET ADDRESS	4557 Remond Blvd		
CITY-STATE-ZIP	Jacksonville, FL. 32205		
TITLE	Sec. Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Kenneth Walker, Kenny		
STREET ADDRESS	1000 Eastwood Rd Apt # M9		
CITY-STATE-ZIP	Hilliard, FL. 32046		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-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: _____ **4/27/01 904-388-1773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-MON-STATE #

CR2E034 (10/00)