

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *ACME Supply, Inc*
1. Entity Name
P93000017714

FILED
02 APR 19 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6855 Jimmy Carter Blvd #2150
Suite, Apt. #, etc. *#2150*

3. Mailing Address
6855 Jimmy Carter Blvd #2150
Suite, Apt. #, etc. *#2150*

DO NOT WRITE IN THIS SPACE

City & State
Norcross GA

City & State
Norcross GA

4. FEI Number *65-0386006* Applied For
Not Applicable

Zip *30071* Country *USA* Zip *30071* Country *USA*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Scott Mizener*

Street Address (P.O. Box Number is Not Acceptable)
2649 Lake Drive #8

City *Singer Island FL* Zip Code *33404*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *PRESIDENT*
NAME *Robert Kochan*
STREET ADDRESS *6855 Jimmy Carter Blvd #2150*
CITY - ST - ZIP *NORCROSS GA 30071*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100005348241--\$

TITLE *VICE PRESIDENT*
NAME *Scott Mizener*
STREET ADDRESS *2649 Lake Drive #8*
CITY - ST - ZIP *Singer Island FL 33404*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
-04/25/02--01048--026
******8.75 *****8.75*
100005348241--\$

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 *323-*
Date Daytime Phone # *964-9486*

CR2ED51B (12/01)

RB