

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005868

1. Entity Name

ACME INDUSTRIES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90097 026 ***158.75

Principal Place of Business

ACME INDUSTRIES INC.
4421 SCHULKE WAY #124-128
SANFORD FL 32771
US

Mailing Address

ACME INDUSTRIES, INC.
4421 SCHULKE WAY #124-128
SANFORD FL 32771-8513
US

2. Principal Place of Business

1430 DOLBYER PI
Suite, Apt. #, etc. 942K

3. Mailing Address

1430 DOLBYER PI
Suite, Apt. #, etc. 942K



DO NOT WRITE IN THIS SPACE

City & State

SANFORD, FL
Zip 32771 Country SCHULKE

City & State

SANFORD, FL
Zip 32771 Country SCHULKE

4. FEI Number 59-3295225

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAGLEY, MICHAEL
4210 BEDFORD RD.
SANFORD FL 32773

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 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, 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

TITLE P
NAME HAGLEY, MICHAEL 1430 DOLBYER PI
STREET ADDRESS 4421 SCHULKE WAY #124-128
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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

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

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

TITLE ☐ Change ☐ 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: Michael E. Hagley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00 407-322-7718

Date Daytime Phone #

CR2E034 (9/99)