

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90207 016 ***150.00

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1. Entity Name
ACME STRIPING & SIGNING, INC.

Principal Place of Business 1643 CHATEAU DR JACKSONVILLE FL 32221	Mailing Address 1643 CHATEAU DR JACKSONVILLE FL 32221
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733985



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3358229**

Applied For
 Not Applicable

Zip Country

Zip Country

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

GAYLORD, MYRA E
1643 CHATEAU DR
JACKSONVILLE FL 32221

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 _____ 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DPT	GAYLORD, MYRA E	1643 CHATEAU DR	JACKSONVILLE FL 32221	<input type="checkbox"/>	Delete
DV	GAYLORD, THOMAS A	1643 CHATEAU DR	JACKSONVILLE FL 32221	<input type="checkbox"/>	Delete
DS	GAYLORD, CHARLES M	1643 CHATEAU DR	JACKSONVILLE FL 32221	<input checked="" type="checkbox"/>	Delete
DS	HOWARD, Douglas A	1643 CHATEAU DRIVE	JACKSONVILLE, FL. 32221	<input checked="" type="checkbox"/>	Change
				<input type="checkbox"/>	Change
				<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change
				<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change
				<input type="checkbox"/>	Addition

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: *Myra E. Gaylord* - MYRA E. GAYLORD - President 3/16/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **904 786-7804**

CR2E034 (10/00)