

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90056 005 \*\*\*158.75

0457374 AV

**DOCUMENT # P97000052611**

1. Entity Name  
**ACME TOWERS INC.**



Principal Place of Business  
**4830 W KENNEDY BLVD  
SUITE 340 ONE URBAN CENTER  
TAMPA FL 33609  
US**

Mailing Address  
**4830 W KENNEDY BLVD  
SUITE 340 ONE URBAN CENTER  
TAMPA FL 33609  
US**



2. Principal Place of Business  
**301 W. Platt St.  
Suite, Apt. #, etc.  
#351  
City & State  
Tampa, FL  
Zip  
33606  
Country  
US**

3. Mailing Address  
**301 W. Platt St.  
Suite, Apt. #, etc.  
#351  
City & State  
Tampa, FL  
Zip  
33606  
Country  
US**

CHECK HERE IF MAKING CHANGES

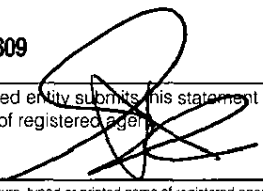
4. FEI Number **59-3456362** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**BARILE, J. KEVIN  
4830 W. KENNEDY BLVD.  
SUITE 340  
TAMPA FL 33609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/21/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P JOSEPH, KEVIN 4830 W. KENNEDY BLVD. STE 340 TAMPA FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S RUIZ, ALAN 4830 W KENNEDY BLVD #340 TAMPA FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President Barile, Joseph Kevin 301 W. Platt St. #351 Tampa, FL 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S Ruiz, Alan 301 W. Platt St. #351 Tampa, FL 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED** **4/21/03** **813-335-4770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)