

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 409589

1. Entity Name
ACME ALUMINUM SUPPLY, INC.

Principal Place of Business

6203 US 27 S
SEBRING FL 33872
US

Mailing Address

6203 US 27 S
SEBRING FL 33872
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROMBLEY, MICHAEL J.
329 S. COMMERCE AVENUE
SEBRING FL 33870

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, 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	PD	<input type="checkbox"/> Delete
NAME	MCGEHEE, GARY P	
STREET ADDRESS	3816 NORMANDY DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCGEHEE, RUTH ANN	
STREET ADDRESS	3816 NORMANDY DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGEHEE, PAUL T	
STREET ADDRESS	3816 NORMANDY DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELDY, BETH	
STREET ADDRESS	2003 EVERLAST	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELDY, BETH	
STREET ADDRESS	2003 EVERLAST	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELDY, CURTIS	
STREET ADDRESS	2003 EVERLAST	
CITY-ST-ZIP	SEBRING FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ruth Ann McGehee / RUTH ANN MCGEHEE Feb 28, 2001 863-385-1531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

03-05-2001 90314 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1416209

Applied For

Not Applicable

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

CR2E034 (10/00)