2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State 636222 DOCUMENT # 1. Entity Name 04-22-2002 90285 016 ***150.00 ACME LOCKSMITH, INC. Mailing Address Principal Place of Business 29125 US 19 N 29125 US 19 N **CLEARWATER FL 33761 CLEARWATER FL 33761** US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1958690 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WASHICK, CHRISTINE P Street Address (P.O. Box Number is Not Acceptable) 3257 HYDE PARK DRIVE . **CLEARWATER FL 33761** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME WASHICK, ALEXANDER M NAME STREET ADDRESS 3257 HYDE PARK DR STREET ADDRESS CITY-ST-ZIF **CLEARWATER FL 33761** CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE VST TITLE وقس NAME WASHICK, CHRISTINE P NAME STREET ADDRESS STREET ADDRESS 3257 HYDE PARK DR CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 Change Change Addition. Delete TITLE IIILE_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered.

FILED

4-12-02 727-786-819