

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90193 038 ***150.00

DOCUMENT # 636222

1. Entity Name
ACME LOCKSMITH, INC.



Principal Place of Business
**29125 US 19 N
CLEARWATER FL 33761
US**

Mailing Address
**29125 US 19 N
CLEARWATER FL 33761
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1958690**

Applied For
Not Applicable

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

**WASHICK, CHRISTINE P
3257 HYDE PARK DRIVE
CLEARWATER FL 33761**

Name **Washick, Christine P.**
Street Address (P.O. Box Number is Not Acceptable)
70 Spruce Ct.
City **Oldsmar** FL Zip Code **34677**

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 **Christine P. Washick** **4/21/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WASHICK, ALEXANDER M**
STREET ADDRESS **3257 HYDE PARK DR**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☒ Change ☐ Addition
NAME **70 Spruce Ct.**
STREET ADDRESS **Oldsmar FL 34677**
CITY-ST-ZIP

TITLE **VST** ☐ Delete
NAME **WASHICK, CHRISTINE P**
STREET ADDRESS **3257 HYDE PARK DR**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☒ Change ☐ Addition
NAME **70 Spruce Ct.**
STREET ADDRESS **Oldsmar FL 34677**
CITY-ST-ZIP

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CITY-ST-ZIP

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 727-786-8191
Date Daytime Phone #

CR2E034 (10/02)