

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 08:00 AM
Secretary of State

DOCUMENT # F45112

1. Entity Name
ACM ENTERPRISES, INC.

| | |
|---|---|
| Principal Place of Business 1253 U.S. 27TH SOUTH SEBRING FL 33870 | Mailing Address 1253 U.S. 27TH SOUTH SEBRING FL 33870 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 1743 U.S. 27TH SOUTH Suite, Apt. #, etc. | 3. Mailing Address 1743 U.S. 27TH SOUTH Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------|----------------------------|------------------------------------|--|
| City & State SEBRING FL | City & State SEBRING FL | 4. FEI Number 59-2148357 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33870 | Country | Zip 33870 | Country |

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

6. Name and Address of Current Registered Agent

METZGER, A.C.
 1253 U.S. 27TH, SOUTH

 SEBRING FL 33870

7. Name and Address of New Registered Agent

Name
METZGER, A.C.
 Street Address (P.O. Box Number is Not Acceptable)
 1743 U.S. 27TH, SOUTH

 City
 SEBRING FL Zip Code
 33870

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 _____ **03/27/2001**
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 | | | |
|----------------------------|------------------|---------------------------------|--|
| TITLE | DST | <input type="checkbox"/> Delete | |
| NAME | METZGER ANNITA | | |
| STREET ADDRESS | 1253 US 27 S | | |
| CITY-ST-ZIP | SEBRING FL 33870 | | |
| TITLE | DV | <input type="checkbox"/> Delete | |
| NAME | METZGER, A C JR | | |
| STREET ADDRESS | 1253 US 27 S | | |
| CITY-ST-ZIP | SEBRING FL 33870 | | |
| TITLE | DP | <input type="checkbox"/> Delete | |
| NAME | METZGER, A C | | |
| STREET ADDRESS | 1253 US 27 S | | |
| CITY-ST-ZIP | SEBRING FL 33870 | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|---|------------------|--|--|
| TITLE | DST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | METZGER ANNITA | | |
| STREET ADDRESS | 1743 US 27 S | | |
| CITY-ST-ZIP | SEBRING FL 33870 | | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | METZGER, A C JR | | |
| STREET ADDRESS | 1743 US 27 S | | |
| CITY-ST-ZIP | SEBRING FL 33870 | | |
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | METZGER, A C | | |
| STREET ADDRESS | 1743 US 27 S | | |
| CITY-ST-ZIP | SEBRING FL 33870 | | |
| 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: A. C. Metzger **DP** **03/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)