

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003577

1. Entity Name

ACME BUILDER SUPPLY, INC.

**FILED**  
**Sep 19, 2000 8:00 am**  
**Secretary of State**

09-19-2000 90145 024 \*\*\*550.00

00101027



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5454 WISCONSIN AVENUE, SUITE 1510  
 CHEVY CHASE MD 20815

5454 WISCONSIN AVENUE, SUITE 1510  
 CHEVY CHASE MD 20815-6901

2. Principal Place of Business

5810 Miami Lakes Dr

3. Mailing Address

5454 Wisc. Ave Suite 1510

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1510

City & State

Miami Lakes FL

City & State

Chevy Chase MD

4. FEI Number

52-2174075

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

20814

Country

USA

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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, 2000 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 ☐ Delete  
 NAME MCLOUGHLIN, HOLLIS S  
 STREET ADDRESS 5454 WISCONSIN AVENUE, SUITE 1510  
 CITY-ST-ZIP CHEVY CHASE MD 20815

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VTD ☐ Delete  
 NAME JOHNSON, KIRK A  
 STREET ADDRESS 5454 WISCONSIN AVENUE, SUITE 1510  
 CITY-ST-ZIP CHEVY CHASE MD 20815

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☐ Delete  
 NAME HUGHES, CHARLES B  
 STREET ADDRESS 237 PARK AVENUE, 20TH FL.  
 CITY-ST-ZIP NEW YORK NY 10017

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition  
 NAME PLATE, JUNE A.  
 STREET ADDRESS 5454 WISCONSIN Ave. Suite 1510  
 CITY-ST-ZIP CHEVY CHASE MD 20815

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

301-652-9402 x104

Daytime Phone #

CR2E034 (9/99)