

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90001 024 \*\*\*\*50.00

**DOCUMENT # L01000007905**

1. Entity Name  
**ACME COMPANY, L.C.**



Principal Place of Business  
**2730 CENTRAL AVENUE  
ST. PETERSBURG FL 33712**

Mailing Address  
**2730 CENTRAL AVENUE  
ST. PETERSBURG FL 33712**

2. Principal Place of Business

**2167 FIFTH AVE. NO.**

3. Mailing Address

**2167 FIFTH AVE. NO.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST. PETERSBURG, FL**

City & State

**ST. PETERSBURG, FL**

Zip

**33713**

Country

Zip

**33713**

Country

4. FEI Number **59-3719148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KNAUST, WARREN J ESQ.  
2730 CENTRAL AVENUE  
ST. PETERSBURG FL 33712**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2167 FIFTH AVE. NO.**

City

**ST. PETERSBURG**

FL

Zip Code

**33713**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **DOLGIN, BRADLEY E**  
STREET ADDRESS **P.O. BOX 55811**  
CITY-ST-ZIP **ST. PETERSBURG FL 33732-5811**

10. ADDITIONS/CHANGES

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

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  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: *[Signature]* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**6-2-03**

**727 480-3333**

CR2E083 (10/02)