

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90070 043 \*\*\*150.00

DOCUMENT # P00000024569

1. Entity Name

ACME APPLIANCE SALES AND SERVICE, INC.

Principal Place of Business

9442 E. COLONIAL DR.  
ORLANDO FL 32817

Mailing Address

9442 E. COLONIAL DR.  
ORLANDO FL 32817

91455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suits, Apt. #, etc.		Suite, Apt. #, etc.		59-3697266		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

## 6. Name and Address of Current Registered Agent

VENTRESCA, ANTHONY  
 9442 E. COLONIAL DR.  
 ORLANDO FL 32825

## 7. Name and Address of New Registered Agent

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

9442 E Colonial Dr  
 City Orlando FL Zip Code 32817

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 Cristal Tracey President 4-24-02  
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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	VENTRESCA JR, ANTHONY	
STREET ADDRESS	9446 E. COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	ANTHONY VENTRESCA	
STREET ADDRESS	9442 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRYSTAL TRACEY	
STREET ADDRESS	9442 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO, FL 32817	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Ventresca 4-24-02  
 Date Daytime Phone #

407-381-7799

CR2034 (9/01)