FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90129 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079279

1. Entity Name
Acme Masonry, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
199 Ave. K. SE
Suite, Apt. #, etc.
City & State: Winter Haven, Fl.
Zip: 33880 Country: USA

3. Mailing Address
P O Box 7641
Suite, Apt. #, etc.
City & State: Winter Haven, Fl.
Zip: 33880 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2541075 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: James F. Knight
Street Address (P.O. Box Number is Not Acceptable): 199 Ave K. SE
City: Winter Haven, 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 X James F. Knight 04/29/02
Signature, typed or printed name of registered agent and title if applicable. (WITH Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
President James F. Knight 199 Ave K. SE Winter Haven, Fl. 33880	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X James F. Knight, President 04/29/02 863/293-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #