

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0024718 AV

DOCUMENT # P02000022849

1. Entity Name
ACME FRAMING INC.



Principal Place of Business
**2238 HOME PARK CIR. W
JACKSONVILLE FL 32207**

Mailing Address
**2238 HOME PARK CIR. W
JACKSONVILLE FL 32207**



2. Principal Place of Business

3. Mailing Address

4372 Tradewinds Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville FL

City & State
Jacksonville, FL

4. FEI Number
42-1530644

Applied For
Not Applicable

Zip **32250** Country **USA**

Zip **32250** 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

**ADDISON, STEPHEN
2238 HOME PARK CIR. W
JACKSONVILLE FL 32207**

Name **John Sanders**

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

4372 Tradewinds Dr.

City **Jacksonville** FL Zip Code **32250**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **ADDISON, STEPHEN**
STREET ADDRESS **2238 HOME PARK CIR. W**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **V** ☐ Delete
NAME **SANDERS, JOHN**
STREET ADDRESS **2238 HOME PARK CIR. W**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

☐ Change ☐ Addition
TITLE **President**
NAME **4372 Tradewinds Dr**
STREET ADDRESS **Jacksonville, FL 32250**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **904**
Date Daytime Phone # **219-9032**

CR2E034 (10/02)