

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P930000017714

1. Entity Name

ACME SUPPLY, INC.

Principal Place of Business

265 S.W. PORT ST. LUCIE BLVD.  
UNIT 224  
PORT ST. LUCIE FL 34984

Mailing Address

6855 JIMMY CARTER BLVD.  
BLDG. 2150  
NORCROSS GA 30071

2. Principal Place of Business

2649 LAKE DRIVE

Suite, Apt. #, etc.

#3

3. Mailing Address

7095 HOLLYWOOD BLVD

Suite, Apt. #, etc.

#751

City & State

SINGER ISLAND, FL

City & State

HOLLYWOOD, CA

Zip

33404

Country

USA

Zip

90028

Country

USA

4. FEI Number

65-0386006

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOCHAN, ROBERT C  
2649 LAKE DRIVE  
UNIT 8  
SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

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, 2001 - 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 **P** ☐ Delete  
NAME **KOCHAN, ROBERT C**  
STREET ADDRESS **3639 N. PEACHTREE ROAD**  
CITY-ST-ZIP **ATLANTA GA 30341**

TITLE **VP** ☐ Delete  
NAME **MIZENER, SCOTT**  
STREET ADDRESS **2649 LAKE DRIVE, UNIT 8**  
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Robert C. Kochan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90016 001 \*\*\*550.00

08-14-2001 90016 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)