

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *ACME Supply, Inc*

1. Entity Name

P93000017714

FILED

02 APR 19 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6855 Jimmy Carter Blvd

6855 Jimmy Carter Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2150

2150

City & State

City & State

Norcross GA

Norcross GA

Zip

Country

Zip

Country

30071

USA

30071

USA

4. FEI Number

65-0386006

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Scott Mizener

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

2649 Lake Drive #8

City

Singer Island

FL

Zip Code

33404

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

4/17/02

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	<i>PRESIDENT</i> <i>Robert Kochan</i> <i>6855 Jimmy Carter Blvd #2150</i> <i>Norcross GA 30071</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>100005348241--\$</i> <i>-04/25/02--01048--026</i> <i>*****8.75 *****8.75</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VICE PRESIDENT</i> <i>Scott Mizener</i> <i>2649 Lake Drive #8</i> <i>Singer Island FL 33404</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>100005348241--\$</i> <i>-04/25/02--01048--027</i> <i>****150.00 ****150.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

323-

964-9486

Daytime Phone #

CR2EDSAB (12/01)

BB