FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFURIN BUSINESS REPURT (UBR)									
DOCUMENT # <b>P9000017714</b> 193000 1. Entity Name						FILED			
Acme Supply						03 OCT 14 PM 4: 49			
DO NOT WRITE IN THIS SPACE						SECRETARY OF STA FALLAHASSEE, FLOR	HE RIDA		
2. Principal Place of Business 1266 W. Paces Free 7095 Holly				roccad Blud.		30002426	Q2	83	
Suite, Apt. #, etc. Suite, 42 Suite, 42 Suite, 45			<del>y∞</del> I			10/29/0301069( DO NOT WRITE IN T	JU ( HIS SPA	**176.25 ce	
City & State				CA		FEI Number		Applied For Not Applicable	
Zip 30327	Country USA	Zip Cour		* \$A	1	Certificate of Status Desired		.75 Additional Required	
DO NOT WRITE IN THIS SPACE				Name	7. Name and Address of Current Registered Agent				
				Street Address	Scott Nizener.  Address (P.O. Box Number is Not Acceptable)				
				2649	e49 Lake Drive #8				
				city Sine	ger	<u> </u>	FL	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, typoid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w						cinstating) Do	<u> </u>	3 KOK	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May After May 1, Amended L Make Check Payable				is \$550.00 is \$61.25	ate	10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS	TITL	F				=======================================	
4 3	Robert Kochan 2649 Lake Dr. # Singer loland F	5 L 33464	NAM Stri					CR2E034B (12/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ipu icoH Mizanen 1649 Lake De. #	£8 E1 23404		J.				CRZEO	
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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 efficer 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 Date   10/10/03 3239649486									

## ACME SUPPLY, INC.

October 13, 2003

Florida Department of State Division of Corporations

Dear Sir or Madam:

This letter is to inform you that our corporation did not receive its annual report form (UBR) through the mail. I have included a form with all of our current address and all of the officers updated information, which I fear might not be updated in your records. We are sorry for the delay and tardiness of this reporting. We just became aware that it had not been filed and that our corporation has been made inactive. We request that you please waive the reinstatement fee and accept our UBR. Thank you for your time and have a nice day.

Sincerely,

Scott Mizener Vice President