

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005868

Entity Name  
ACME INDUSTRIES, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90026 035 \*\*\*150.00

0083350 AV

Principal Place of Business Mailing Address  
ACME INDUSTRIES INC ACME INDUSTRIES INC  
1430 DOLGNER PLACE 1430 DOLGNER PLACE  
SANFORD FL 32771 SANFORD FL 32771  
US US

2. Principal Place of Business 3. Mailing Address  
1440 Dolgner Place 1440 Dolgner Place  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Sanford FL Sanford, FL  
Zip Country Zip Country  
32771 Seminole 32771 Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3295225 Applied For  
Not Applicable

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  
HAGLEY, MICHAEL  
4210 BEDFORD RD.  
SANFORD FL 32773  
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 *Michael E. Huff* DATE Jan. 28, 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P HAGLEY, MICHAEL 1430 DONAHER PLACE SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGLEY MICHAEL 1440 DOLGNER PLACE SANFORD, FL. 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael E. Huff* SIGNATURE REQUIRED  
Signature and typed or printed name of signing officer or director  
Date Jan. 28, 2002 Daytime Phone # 341-3596

CR2E034 (9/01)