

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042204

1. Entity Name

A.C.M.E., INC.

Principal Place of Business

Mailing Address

6419 BELLEVIEW PINE PL
PENSACOLA FL 32526
US

6419 BELLVIEW PINE PL
PENSACOLA FL 32526-9041
US

2. Principal Place of Business

3. Mailing Address

1643 KAUAI CT

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gulf Breeze, FL

Gulf Breeze, FL

Zip

Country

Zip

Country

32561 Santa Rosa

32561 Santa Rosa

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, CECIL
6419 BELLVIEW PINE PL
PENSACOLA FL 32526

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P BROWN, CECIL 6419 BELLVIEW PINE PL PENSACOLA FL 32526	<input type="checkbox"/>	VIS Bonnie S. Brown 6419 Bellview Pine Pl Pensacola, FL 32526	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, 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

Daytime Phone #

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90021 011 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3315867

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**