2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000042204

Entity Name: A.C.M.E., INC.

FILED May 22, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1643 KAVAI CT 1643 KAUAI CT

GULF BREEZE, FL 32561 US GULF BREEZE, FL 32563 US

Current Mailing Address: New Mailing Address:

1643 KAVAI CT 1643 KAUAI CT

GULF BREEZE, FL 32561 US GULF BREEZE, FL 32563 US

FEI Number: 59-3315867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, CECIL

6419 BELLVIEW PINE PL

1643 KAUAI COURT

CHI E REFERE EL 20502

PENSACOLA, FL 32526 US GULF BREEZE, FL 32563 US

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: 05/22/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 BROWN, CECIL
 Name:
 BROWN, CECIL

 Address:
 6419 BELLVIEW PINE PL
 Address:
 1643 KAUAI COURT

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 GULF BREEZE, FL 32563

Title: VS () Delete Title: VS (X) Change () Addition

 Name:
 BROWN, BONNIE S
 Name:
 BROWN, BONNIE S

 Address:
 6419 BELLVIEW PINE PL
 Address:
 1643 KAUAI COURT

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL BROWN P 05/22/2002