

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081087

1. Entity Name  
ACME FINANCE, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90024 029 \*\*\*550.00

Principal Place of Business

12995 S. CLEVELAND AVE  
SUITE 257  
FORT MYERS FL 33907

Mailing Address

12995 S. CLEVELAND AVE  
SUITE 257  
FORT MYERS FL 33907

2. Principal Place of Business

12995 S. CLEVELAND AVE

3. Mailing Address

12995 S. CLEVELAND AVE

Suite, Apt. #, etc.

SUITE 251

Suite, Apt. #, etc.

SUITE 251

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33907

Country

USA

Zip

33907

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0624333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEFFINGWELL, THOMAS W  
12995 S. CLEVELAND AVE  
SUITE 257  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

LEFFINGWELL, THOMAS W.

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

12995 S. CLEVELAND AVE

SUITE 251

City

FORT MYERS

FL

Zip Code

33907

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

*Thomas W. Leffingwell*

7/13/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME P  
STREET ADDRESS LEFFINGWELL, THOMAS W  
CITY-ST-ZIP 12995 S. CLEVELAND AVE. SUITE 257  
FORT MYERS FL 33907

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME P  
STREET ADDRESS LEFFINGWELL, THOMAS W.  
CITY-ST-ZIP 12995 S. CLEVELAND AVE, SUITE 251  
FORT MYERS, FL 33907

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *THOMAS W. LEFFINGWELL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00  
Date

941-939-7738  
Daytime Phone #