

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

MA1800 AV

03-12-2002 90999 026 ***150.00

DOCUMENT # P95000081087

1. Entity Name
ACME FINANCE, INC.

Principal Place of Business

12995 S. CLEVELAND AVE
SUITE 251
FORT MYERS FL 33907

Mailing Address

12995 S. CLEVELAND AVE
SUITE 251
FORT MYERS FL 33907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12995 S. CLEVELAND AVE
Suite, Apt. #, etc.
PBS 34

City & State
FORT MYERS, FL

Zip
33907

Country
LEE

3. Mailing Address

12995 S. CLEVELAND AVE
Suite, Apt. #, etc.
PBS 34

City & State
FT. MYERS, FL

Zip
33907

Country
LEE

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 251
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

HARRY M. LOWELL

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

12995 S. CLEVELAND AVE.

PBS 34

City
FORT

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2-26-02

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	LEFFINGWELL, THOMAS W	
STREET ADDRESS	12995 S. CLEVELAND AVE- STE 251	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWELL, HARRY M.	
STREET ADDRESS	12995 S. CLEVELAND AVE PBS 34	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 941-939-7435

Date

Daytime Phone #

CH2E034 (9/01)