## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

## DOCUMENT # **P96000011726** Jul 17, 2000 8:00 am Secretary of State 1. Entity Name ACME COMPUTER CABLING, INC. 07-17-2000 90075 005 \*\*\*550.00 Principal Place of Business Mailing Address 4631 N.W. 31ST AVENUE 4631 N.W. 31ST AVENUE SUITE 253 SUITE 253 TAMARAC FL 33309-3433 TAMARAC FL 33309 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State 4. FEI Number Applied For 65-0639306 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7.=Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, STEVEN R 4631 N W 31ST AVENUE, STE 253 **SUITE 211** TAMARAC FL 33309 Zip Code 8. The above named entity submits in statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE Williams Stene & 1521 Alton Koad NAME NAME WILLIAMS, STEVE R % 4631 N.W. 31ST AVENUE SUITE 253 STREET ADDRESS STREET ADDRESS Beach CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33309 Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all to

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