

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071757

1. Entity Name

ACME FISHING AND MERCANTILES, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90111 003 ***150.00

944751



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1265 W SCOTS AVE
MERRITT ISLAND FL 32952

1265 W SCOTS AVE
MERRITT ISLAND FL 32952-5558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3401208

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRABTREE, R R
8375 DIX ELLIS ROAD
JACKSONVILLE FL 32256

Name

JOHN M. POTTS

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

1265 SCOTS AVE

City

MERRITT ISL.

FL

Zip Code

32952

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 *John M. Potts*
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 D
NAME POTTS, JOHN H
STREET ADDRESS 1265 W SCOTS AVE
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

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

TITLE D
NAME POTTS, RUTH A
STREET ADDRESS 1265 W SCOTS AVE
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Ruth A. Potts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

407 784-5982

Daytime Phone #

CR 1034 1999