

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90038 026 ***150.00

DOCUMENT # P97000087805

1. Entity Name
ACME LOBSTER COMPANY



Principal Place of Business
2121 SW PINE ISLAND ROAD
CAPE CORAL FL 33991

Mailing Address
PO BOX 100850
CAPE CORAL FL 33910-0850

11060610



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0791231**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOX, DOUGLAS J
2121 SW PINE ISLAND ROAD
CAPE CORAL FL 33991

Name **CHARLES JOHNSON**
Street Address (P.O. Box Number is Not Acceptable)
2121 SW Pine Island Rd.
City **CAPE CORAL** **FL** **Zip Code** **33991**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles Johnson* **DATE** **4/25/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **KNOX, DOUGLAS J**
STREET ADDRESS **4720 SE 15TH AVE, SUITE 201**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **President** ☒ **Change** ☐ **Addition**
NAME **Charles Johnson**
STREET ADDRESS **15081 TAMARIND CAY**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **S** ☐ **Delete**
NAME **JOHNSON, BERNARD**
STREET ADDRESS **4720 SE 19TH AVENUE, SUITE 201**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ **Change** ☐ **Addition**
NAME **P.O. Box 61212**
STREET ADDRESS **FT MYERS FL 33906**
CITY-ST-ZIP

TITLE ☒ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Charles Johnson* **DATE** **4/25/03** **239-560-5004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)