

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091067

1. Entity Name

ACM CONSTRUCTION, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90001 024 ***550.00

Principal Place of Business

1129 N.W. 15TH STREET
STUART FL 34994

Mailing Address

P.O. BOX 183
JENSEN BEACH FL 34958-0183

2. Principal Place of Business

1129 NW 15TH ST.

3. Mailing Address

PO BOX 183

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART FL.

City & State

JENSEN BEACH FL

4. FEI Number

65-0734555

Applied For

Not Applicable

Zip

Country

Zip

Country

34994

MARTIN

34958-0183

MARTIN

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

CAULFIELD, HARTLEY
1129 N.W. 15TH STREET
STUART FL 34994

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------------|-----------------------|-----------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | P | | | | | | | | | |
| | CAULFIELD, VICKY | 1129 NW 15TH ST | STUART FL 34994 | | | | | | | |
| | ST | | | | | | | | | |
| | CAULFIELD, HARTLEY P | 1129 N.W. 15TH STREET | STUART FL 34994 | | | | | | | |
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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:

Hartley P. Caulfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-00 561-521-8133
Date Daytime Phone #

CR2E034 (5/00)