

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2002 8:00 am  
Secretary of State

02-03-2002 90031 005 \*\*\*150.00

**DOCUMENT # P98000011200**

1. Entity Name  
**ACME FILM, INC.**

Principal Place of Business

**620 GREENSWARD LANE  
STE.KS-202  
DELRAY BEACH FL 33445**

Mailing Address

**620 GREENSWARD LANE  
STE.KS-202  
DELRAY BEACH FL 33445**

710040



2. Principal Place of Business

**746 S. Orlando ave  
Suite, Apt. #, etc.  
604**

3. Mailing Address

**PO Box 321155  
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

**Cocoa Beach, Fla.**

City & State

**Cocoa Beach, Fla**

4. FEI Number

**65-0811993**

Applied For

☒ Not Applicable

Zip

**32931**

Country

**Brevard**

Zip

**32932-1155**

Country

**Brevard**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LIME, JOSEPH M  
620 GREENSWARD LANE  
STE.KS-202  
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name

**Joseph M. Lime**

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

**746 S. Orlando ave**

City

**Ste 604  
Cocoa Beach**

FL

Zip Code

**32931**

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 \$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 **D** ☐ Delete  
NAME **LIME, JOSEPH M**  
STREET ADDRESS **620 GREENSWARD LANE**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Lime Joseph M.**  
STREET ADDRESS **PO Box 321155**  
CITY-ST-ZIP **Cocoa Beach, Fla 32932-1155**

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

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

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

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

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:

**Joseph M. Lime**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph Lime 1-15-02**  
Date

**321-783-0977**  
Daytime Phone #

CR2E034 (9/01)