

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087793

1. Entity Name

ACME ACCOUNTING AND TAX SERVICES INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90075 037 ***150.00

Principal Place of Business

879B MIRAMAR ST.
CAPE CORAL FL 33904

Mailing Address

879B MIRAMAR ST.
CAPE CORAL FL 33903-6232

2. Principal Place of Business

13180 N. Cleveland Ave.

3. Mailing Address

13180 N. Cleveland Ave.

Suite, Apt. #, etc.

Suite 319

Suite, Apt. #, etc.

Suite 319

City & State

N. Ft. Myers, FL

City & State

N. Ft. Myers, FL

Zip

Country

33903 US

Zip

Country

33903 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0870400

Applied For

Not Applicable

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

WILLIAMS, DONNA

879B MIRAMAR ST.

CAPE CORAL FL 33904

Name

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

13180 N. Cleveland Ave.

Suite 319

City

N. Ft. Myers

FL

Zip Code

33903

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, 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 ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, DONNA
CITY-ST-ZIP 1238 SW 4TH AVE.
CAPE CORAL FL 33991

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, RODNEY
CITY-ST-ZIP 1238 SW 4TH AVE.
CAPE CORAL FL 33991

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Donna Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

(941) 995-9555

Daytime Phone #

CR2E034 (9/99)