2000 UNIFORM BUSINESS REPORT (UBR)

2/2/42

FILED
Aug 08, 2000 8:00 am
Secretary of State

02-04-2000 90063 048 ***150.00

DOCUMENT # P99000020176

1. Entity Name
ACME MOTORS CORPORATION

Principal Place of Business	Mailing Address
~~1 SW OSCEOLA STREET~~ ~~STUART FL 34994~~ 2695 South Federal Highway Stuart, Florida 34994	1 SW OSCEOLA STREET STUART FL 34994-2117

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2695 South Federal	
Suite, Apt #, etc. Highway	Suite, Apt #, etc.
City & State: Stuart Florida	City & State
Zip: 34994 Country: Martin	Zip Country

4. FEI Number 65-0903051 ☐ 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
RIFKIN, AVRON C ~~600 SE MONTEREY COMMONS BLVD STE 200~~ STUART FL 34996	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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Thomas P. Willett No. 1 SW Osceola Street Stuart, Florida 34994 President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Margaret Richebourg No. 3 Tinor Street Vice Stuart, FL 34996 President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] 1/24/2000 561-220-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #