

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90022 017 ***150.00

DOCUMENT # P99000096290

1. Entity Name

ACMWM, INC.

Principal Place of Business

Mailing Address

**32240 WHITNEY RD
 LEESBURG FL 34748**

**32240 WHITNEY RD
 LEESBURG FL 34748-9412**

80024684



DO NOT WRITE IN THIS SPACE

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

59-3605709

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

Name

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

City

FL

Zip Code

**CARR, ANTHONY M
 32240 WHITNEY RD
 LEESBURG FL 34748**

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	D	<input type="checkbox"/> Delete
NAME	CARR, ANTHONY M	
STREET ADDRESS	32240 WHITNEY RD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOODARD, MATTHEW G	
STREET ADDRESS	32240 WHITNEY RD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MARK	
STREET ADDRESS	32240 WHITNEY RD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony M. Carr	
STREET ADDRESS	32240 N. Whitney Rd.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	S /T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anna M. Carr	
STREET ADDRESS	32240 N. Whitney Rd.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LouAnn Ehrhart	
STREET ADDRESS	32240 N. Whitney Rd.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Anthony M Carr

Anthony M. Carr, Pres. 2-14-00

352-365-1292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)