

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90021 037 ***150.00

DOCUMENT # P95000009839

1. Entity Name
ACORN WOODWORKS, INC.

Principal Place of Business Mailing Address
4817A N CORTEZ **4817A N CORTEZ**
TAMPA FL 33614 **TAMPA FL 33614-6507**

BU018664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5073 SAVARESE CIR **5073 SAVARESE CIRCLE**

Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
TAMPA FL **TAMPA FL**

4. FEI Number Applied For
59-3295811 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33634 **HILLSBOROUGH** **33634** **HILLSBOROUGH** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
KEITH, GREGGORY S Name **KEITH, GREGGORY S.**
4817A N CORTEZ Street Address (P.O. Box Number is Not Acceptable) **5073 SAVARESE CIRCLE**
TAMPA FL 33614 City **TAMPA** FL Zip Code **33634**

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 _____ (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 P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEITH, GREGGORY		NAME	
STREET ADDRESS 308 LIVE OAK AVE		STREET ADDRESS	
CITY-ST-ZIP TEMPLE TERRACE FL		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEITH, AMOS		NAME	
STREET ADDRESS 1312 N RIVERHILLS DR		STREET ADDRESS	
CITY-ST-ZIP TEMPLE TERRACE FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Greggory Keith **GREGGORY S. KEITH** 2-5-00 (813) 806-1645
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)