

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90082 038 ***150.00

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DOCUMENT # P99000046983

1. Entity Name
ACORN, INC.

Principal Place of Business Mailing Address
1112 EAST 142ND AVE. **3612 HWY 92 E**
TAMPA FL 33613 **PLANT CITY FL 33566**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
OFFICE

City & State City & State
TAMPA, FL

Zip Country Zip Country
33613 **HILLSBOROUGH**

4. FEI Number **59-3620194** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WATKINS, E.C. JR.
1112 EAST 142ND AVE.
TAMPA FL 33613

7. Name and Address of New Registered Agent
 Name **DONNA O'TOOLE**
 Street Address (P.O. Box Number is Not Acceptable)
1112 E. 142ND AVENUE
OFFICE
 City **TAMPA** FL Zip Code **33613**

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 *Donna O'Toole* **DONNA O'TOOLE** **4/25/01**
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, 2001 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	NAME
D	WATKINS, E.C. JR.
	802 E. BAKER ST.
	PLANT CITY FL 33566
PD	DOERR, RUSSELL P
	3612 HWY 92 E
	PLANT CITY FL 33566
S	MCCLAIN, SANDRA
	3612 HWY 92 E
	PLANT CITY FL 33566

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME

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: *Russell P. Doerr* **RUSSELL P. DOERR** **4/25/01** **813-752-4663**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)