

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90237 015 ***150.00

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DOCUMENT # **H28177**

1. Entity Name
AKERMAN INVESTMENTS, INC.



Principal Place of Business 112 W 1ST ST APOPKA FL 32703 US	Mailing Address % AMOS T AKERMAN 112 W 1ST ST APOPKA FL 32703 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1572 Silver Fox Circle

Suite, Apt. #, etc.
P.O. Box 1028

City & State
Apopka, FL

City & State
APOPKA FL

4. FEI Number **59-2459297**

Zip **32712** Country **ORANGE**

Zip **32704-1028** Country **ORANGE**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
AKERMAN, ORFA P
112 W 1ST ST
APOPKA FL 32703

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
220 N. WASHINGTON AVE.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD AKERMAN, JOSEPH L 112 W 1ST ST APOPKA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM AKERMAN, ORFA P 112 W 1ST ST APOPKA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AKERMAN, AMOS T. 112 W 1ST ST APOPKA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 220 N. WASHINGTON AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 220 N. WASHINGTON AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1572 SILVER FOX CIRCLE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Orfa P Akerman* **ORFA P. AKERMAN, Pres. 4/30/03 407-886-8900**

CR2E034 (10/02)