

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**  
 02-08-2001 90384 048 \*\*\*150.00

**DOCUMENT # P00000011185**

1. Entity Name  
**ACADIAN ENTERPRISES, INC.**

Principal Place of Business

**7411 FULLERTON STREET  
 SUITE 204  
 JACKSONVILLE FL 32256**

Mailing Address

**7411 FULLERTON STREET  
 SUITE 204  
 JACKSONVILLE FL 32256**

2. Principal Place of Business

**9753 Deer Lake Ct**  
 Suite, Apt. #, etc.

3. Mailing Address

**9446 Philips Hwy #8**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Jacksonville FL**

City & State

**Jacksonville, FL**

4. FEI Number

**59-3622685**

Applied For

Not Applicable

Zip

Country

**32246**

Zip

Country

**32256**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**YEN, KUNG-PO  
 7411 FULLERTON STREET  
 SUITE 204  
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

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

**9446 PHILIPS HWY #8**

City

**JACKSONVILLE**

FL

Zip Code

**32256**

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.

**KUNG-PO YEN  
 PRESIDENT**

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, 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 **D** ☐ Delete  
 NAME **YEN, KUNG-PO**  
 STREET ADDRESS **7411 FULLERTON STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ Delete  
 NAME **YEN, KUNG-TI**  
 STREET ADDRESS **910 BAYSHORE BOULEVARD, SOUTH**  
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9446 PHILIPS HWY #8**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9446 PHILIPS HWY #8**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

**KUNG-PO YEN  
 PRESIDENT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-6-01**

Date

**904-240-5571**

Daytime Phone #

CR2E034 (10/00)