

FILED

01 FEB -8 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000022443

1. Entity Name

Acorn Acquisitions, Inc

Principal Place of Business

411 Arbor Circle
Kissimmee, FL 34747

Mailing Address

P.O. Box #470928
Kissimmee, FL 34747

2. Principal Place of Business

411 Arbor Circle

3. Mailing Address

P.O. Box #470928

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

Applied for

Applied For

Not Applicable

Zip

34747

Country

UScegl

Zip

34747

Country

UScegl

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Robert E. Merchant
2155X Coronado Ave
Boca Raton FL 33434

7. Name and Address of New Registered Agent

Name Leandro Obenauer

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

411 Arbor Circle

City

Kissimmee

FL

Zip Code

34747

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Leandro J. Obenauer / R. J. Obenauer

02/07/01

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 V.P./Treas./Dir
NAME Robert E. Merchant
STREET ADDRESS 2155X Coronado Ave
CITY-ST-ZIP Boca Raton, FL 33434☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
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CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.P./Treas./Dir
NAME Leandro J. Obenauer
STREET ADDRESS 411 Arbor Circle
CITY-ST-ZIP Kissimmee, FL 34747☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

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 applicable. I am not affiliated with an attorney with all other like empowered.

SIGNATURE:

Leandro J. Obenauer V.P.

02/07/01

(407)-566-9382

Date

Daytime Phone

CP025034 (1/00)

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