

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

FILED ATX1
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # <i>P00000058534</i>	
Entity Name	
ACQUISITION COMPANY	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3339 WEST KENNEDY BOULEVARD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33609	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3688910		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DENNIS HERNANDEZ & ASSOCIATES, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 3339 WEST KENNEDY BOULEVARD	
City TAMPA	FL Zip Code 33609

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS HERNANDEZ, JR. 3339 WEST KENNEDY BOULEVARD TAMPA, FL. 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>U00000261634</i> <i>03/14/05-80019-015 150.00</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-676-6909

Daytime Phone #