

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90160 029 ***150.00

DOCUMENT # **P00000059409 ✓**

1. Entity Name
ACORN APOTHECARY, INC.

Principal Place of Business
6601 121st Ave N
Unit D
Largo, FL 33773

Mailing Address
6601 121st Ave N
Unit D
Largo, FL 33773

2. Principal Place of Business
6601 121st Ave N
Unit D

3. Mailing Address
6601 121st Ave N
Unit D

City & State
Largo, FL

City & State
Largo, FL 33773

Zip
33773

Country
USA

Zip
33773

Country
USA

4. FEI Number
59-3639467

Applied For
 Not Applicable

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

554172

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Rachel Rattledge
6601 121st Ave N
Unit D
Largo, FL 33773

7. Name and Address of New Registered Agent

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

SIGNATURE **R. Rattledge** **6/5/01**
 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Rachel Rattledge	6601 121st Ave N Unit D	Largo, FL 33773		

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 no 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: **R. Rattledge** **Rachel Rattledge** **6/5/01** **(729) 539-0391**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)