

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067854

1. Entity Name

ACORN RESEARCH & DEVELOPMENT, INC.

Principal Place of Business

1506 PRUDENTIAL DRIVE STE 102  
JACKSONVILLE FL 32207

Mailing Address

1506 PRUDENTIAL DRIVE STE 102  
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3689390

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRABTREE, R.R.  
8777 SAN JOSE BLVD BLDG A STE 200  
JACKSONVILLE FL 32217

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

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 ☐ Delete

NAME: D  
CATLETT, JAMES J  
STREET ADDRESS: 1506 PRUDENTIAL DRIVE STE 102  
CITY-ST-ZIP: JACKSONVILLE FL 32207

TITLE ☐ Delete

NAME: PSTV  
CATLETT, JAMES J  
STREET ADDRESS: 1506 PRUDENTIAL DRIVE STE 102  
CITY-ST-ZIP: JACKSONVILLE FL 32207

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:  
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:

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/01 (904) 396-9963

FILED  
Mar 29, 2001 8:00 am  
Secretary of State

03-07-2001 90611 023 \*\*\*150.00

32788



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)