

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072493

Entity Name
THE ACACIA ARBOUR COMPANY, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90156 031 ***150.00

Principal Place of Business
P.O. BOX 560316
ROCKLEDGE FL 32956-0316

Mailing Address
P.O. BOX 560316
ROCKLEDGE FL 32956-0316



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 59-3663970		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SALIS, GEORGE L 2560 RED MAPLE PLACE MELBOURNE FL 32935				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	

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: *Ronald L Trinkle* PRES DATE: *1 FEB 2002*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: TRINKLE, RONALD L STREET ADDRESS: 1207 WINDING MEADOW RD CITY-ST-ZIP: ROCKLEDGE FL 32955 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: GARZA, JAIME STREET ADDRESS: 3301 RIVER CREST DRIVE CITY-ST-ZIP: MELBOURNE FL 32935 <input checked="" type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: TRINKLE, ANNA M. J STREET ADDRESS: 1207 WINDING MEADOW ROAD CITY-ST-ZIP: ROCKLEDGE FL 32955 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD NAME: SALIS, GEORGE L DR. STREET ADDRESS: 2560 RED MAPLE PLACE CITY-ST-ZIP: MELBOURNE FL 32935 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: VP NAME: TRINKLE, JAY STREET ADDRESS: 1668 YELLOWSTONE CITY-ST-ZIP: ROCK FL 32922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Ronald L Trinkle* PRES DATE: *1 FEB 2002* 9219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 321 633 9249
Date Daytime Phone #

CR2E034 (9/01)