

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110359

1. Entity Name

ACORN ADVERTISING SPECIALTIES, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90017 029 \*\*\*150.00

0008158

Principal Place of Business

Mailing Address

626 S.E. 4TH STREET  
BOYNTON BEACH FL 33435

626 S.E. 4TH STREET  
BOYNTON BEACH FL 33435

12780 Meadowbreeze DR.  
Wellington FL 33414

SAME

550025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12780 Meadowbreeze DR

Wellington FL

33414-8045

USA

4. FEI Number

PENDING

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

TOMBERG, JEFF  
626 S.E. 4TH STREET  
BOYNTON BEACH FL 33435

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CAMPBELL, NANCY  
12780 MEADOWBREEZE DRIVE  
WELLINGTON FL 33414

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES./V.P.  
DAVID L. WATKINS  
12780 MEADOWBREEZE DR.  
WELLINGTON, FL. 33414

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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Change Addition

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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 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

Nancy Campbell

Date

2/15/01

Daytime Phone #

561  
333-9294

CR2E034 (10/00)