

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018919

1. Entity Name  
PRIVATE ACQUISITIONS, INC.

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91600 037 \*\*\*150.00

0505742 AV

Principal Place of Business  
26261 S. TAMiami TRAIL UNIT 18  
BONITA SPRINGS FL 34134

Mailing Address  
26261 S. TAMiami TRAIL UNIT 18  
BONITA SPRINGS FL 34134



2. Principal Place of Business  
26251 S. TAMiami TR. Suite, Apt. #, etc. #18

3. Mailing Address  
26251 S. TAMiami TR. Suite, Apt. #, etc. #18

City & State  
Bonita Springs, FL  
34134 Country USA

City & State  
Bonita Springs FL 34134 Country US

4. FEI Number  
59-3706813

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

## 6. Name and Address of Current Registered Agent

MOURICK, DAVID J ESQ.  
24831 OLD 41 RD., STE. B  
BONITA SPRINGS FL 34135

## 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 \_\_\_\_\_ (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, 2002 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	President / Director MORIN STREET 3450 BALLYHIDE CIRCLE #201 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. & Director MORIN STREET 3450 BALLYHIDE CIRCLE #201 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: S. MORIN DATE: 4/28/02 (239) 949-4500

CR2E034 (9/01)