**2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 06, 2003 8:00 am Secretary of State 07-23-2003 90062 006 \*\*\*150.00

DOCUMENT # P0200056711  1. Entity Name ACACIA CRUIZER, INC.										
Principal Plat 1540 WELLS I SUITE 14 ORANGE PAR	•	Mailing Address 1540 WELLS ROAD SUITE 14 SUITE 14 FL 32073				55053419				
2. Principal I	Place of Business	3. Mailing Address				F LEGITORI (11 ORITE TIERI OTIU ARII	7 <b>00</b> 781 <b>0810</b> 7 <b>0</b> 11	U (141) 1409	, 1100k 140 t 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Sta	te	City & State			4. FEI Number					-
Zip	Country	Zip	Countr	у		ificate of Status Desired	\$	8:75 Ac		}
<u> </u>	. 6. Name and Address of Current	egistered Agent			7. Name and Address of New Registered Agent					_
CAFFEE, JEAN ANN 1540 WELLS ROAD SUITE 14				Name - Street Address (P.O. Box Number is Not Acceptable)						
	MILLE FL 32073		<u> </u>	City		<del></del>	FL	Zip Coo	de	1
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstading)  DATE										
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State						9. Election Campaign Fin. Trust Fund Contribution			00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDIT	ONS/CHANGES TO OFFI	CERS AND E	IRECTOR	IS IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P   CAFFEE, STEPHEN   1540 WELLS ROAD, SUITE 14   JACKSONVILLE FL 32073	□ Delete	TITLE NAME STREET CITY-S	ADDRESS			Ţ	Change	☐ Addition	CR2E034 (4/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CAFFEE, JEAN ANN 1540 WELLS ROAD, SUITE 14 JACKSONVILLE FL 32073	☐ Delete	TITLE NAME STREET CITY-S	Address IT-7P				_ Change	Addition	5
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	AODRESS T-ZIP				_ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delata	TITLE NAME STREET CITY-S	ADDRESS (				] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST					] Change	Addition	
12. I hereby certify that the information supplied with this filling 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 suppliemental 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 10 or Block 11 if changed, or on an attachment with an extremal swith all other like empowered.  SIGNATURE:										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment

August 3, 2003

Acacia Cruizer, Inc. 1540 Wells Road Suite 14 Orange Park, FL 32073

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: P02000056711

Dear Division of Corporations:

Attached to this letter is a copy of Uniform Business Report with our Federal Employer Identification number as requested. We submitted the form believing that it was preprinted and needed no further additions.

In our first correspondence to your office we explained that this was the first notice we received regarding this report and ask for a waiver of the late fees as directed by your original letter. We enclosed a check for the \$150.00 filing fee, which you have received. There should be no balance due of any late fee per your instructions.

Sincerely,

Stephen L. Caffee

President

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