

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90016 021 ***150.00

DOCUMENT # P93000048230

1. Entity Name
ACQUIVEST CORPORATION

Principal Place of Business 117 W. ALEXANDER ST. 386 PLANT CITY FL 33566 US	Mailing Address 117 W. ALEXANDER ST. 386 PLANT CITY FL 33566 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8302 LAUREL FAIR CIRCLE	3. Mailing Address 8302 LAUREL FAIR CIRCLE
--	--

Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
---	---

City & State TAMPA FL	City & State TAMPA FL
---------------------------------	---------------------------------

4. FEI Number 59-3188765	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

Zip 33610	Country	Zip 33610	Country
---------------------	---------	---------------------	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMER, KATHLEEN
117 W. ALEXANDER STREET
SUITE 386
PLANT CITY FL 33566

Name
Street Address (P.O. Box Number is Not Acceptable) 8302 LAUREL FAIR CIRCLE
Suite 100
City TAMPA FL Zip Code 33610

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 *Kathleen Comer, Dir.* DATE 4-25-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COMER, KATHLEEN		NAME 8302 LAUREL FAIR CIRCLE SUITE 100	
STREET ADDRESS 117 W. ALEXANDER ST., SUITE 386		STREET ADDRESS TAMPA FLORIDA 33610	
CITY-ST-ZIP PLANT CITY FL		CITY-ST-ZIP TAMPA FLORIDA 33610	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Kathleen Comer, Dir.* DATE 4-25-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)