

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085580

1. Entity Name

ACORN PROJECTS, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90034 009 ***150.00

Principal Place of Business

4380 LB MCLEOD RD
ORLANDO FL 32811
US

Mailing Address

4380 LB MCLEOD RD
ORLANDO FL 34770-2037
US

2. Principal Place of Business

4940 SPIRAL WAY

3. Mailing Address

PO Box 702037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL.

City & State

ST. CLOUD, FL.

4. FEI Number

59-3290077

Applied For

Not Applicable

Zip

34771

Country

USA

Zip

34770-2037

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATE, SANDRA K
4380 LB MCLEOD RD
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

MICHELLE E. MOORE

Street Address (P.O. Box Number is Not Acceptable)

4940 SPIRAL WAY

City

ST CLOUD

FL

Zip Code

34771

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

Michelle E. Moore

MICHELLE E. MOORE

5/30/00

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, 2000 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	DPST	<input checked="" type="checkbox"/> Delete
NAME	BATE, SANDRA K	
STREET ADDRESS	4380 LB MCLEOD RD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MICHELLE E.	
STREET ADDRESS	4940 SPIRAL WAY	
CITY-ST-ZIP	ST. CLOUD, FL. 34771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Michelle E. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELLE E. MOORE

Date

5/30/00

Daytime Phone #

(407) 891-9227

CR2E034 (9/99)