

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 08, 2001 8:00 am**
Secretary of State

03-08-2001 90069 037 ***150.00

DOCUMENT # P94000091914**1. Entity Name**
ACR GROUP, INC.**Principal Place of Business****2501 W BAY DR**
LARGO FL 33770
US**Mailing Address****2501 W BAY DR**
LARGO FL 33770
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3288520

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****PAXTON, JAMES N**
6909 BEACH BLVD
HUDSON FL 34667

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PAXTON, JAMES N	6909 BEACH BLVD.	HUDSON FL 34667	<input type="checkbox"/>
	SWEETIN, JIM	2501 W BAY DR	LARGO FL	<input type="checkbox"/>
	SMITH, JENNIFER	6909 BEACH RD	HUDSON FL 34667	<input type="checkbox"/>
	SWEETIN, MARY	2501 W BAY DR	LARGO FL 33770	<input type="checkbox"/>
	REINHARD, MARY	702 W LUMSDEN RD	BRANDON FL 33511	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

JAMES SWEETIN**3-5-01**

Date

727-584-8480

Daytime Phone #

CR2E034 (10/00)