

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90077 012 \*\*\*150.00

**DOCUMENT # P95000078120**

1. Entity Name

**ACQUISITIONS, INC.**

Principal Place of Business

~~17710 CASTLE HARBOR DR.  
 FT. MYERS FL 33912~~

Mailing Address

~~17710 CASTLE HARBOR DR.  
 FT. MYERS FL 33912-5121~~

2. Principal Place of Business

**9520 WINDSOR CLUB CR.**  
 Suite, Apt. #, etc.

3. Mailing Address

**9520 WINDSOR CLUB CR**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**FT MYERS FL**

City & State  
**FT MYERS FL**

4. FEI Number **65-0619640**

Applied For  
 Not Applicable

Zip **33905** Country **USA**

Zip **33905** Country **USA**

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

~~MASON, MARY JO  
 17710 CASTLE HARBOR DR.  
 FT. MYERS FL 33912~~

Name **MASON, MARY JO**

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

**9520 Windsor Club Cr**

City **FT MYERS FL** Zip Code **33905**

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 *Carl Hanna*

**1-20-2000**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **MASON, MARY JO**  
 STREET ADDRESS **17710 CASTLE HARBOR DR.**  
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **9520 Windsor Club Cr**  
 CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE  Delete  
 NAME **HANNA, CARL**  
 STREET ADDRESS **17710 CASTLE HARBOR DR.**  
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **9520 Windsor Club Cr**  
 CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  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 to an address, with all other like empowered.

SIGNATURE: *Carl Hanna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-2000 941-6400527**

Date

Daytime Phone #

CR2E034 (9/99)