

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90014 001 \*\*\*150.00

**DOCUMENT # P96000048895**

1. Entity Name  
**ACRP, INC.**

Principal Place of Business  
**150 NO FEDERAL HIGHWAY STE 200  
FORT LAUDERDALE FL 33301**

Mailing Address  
**150 NO FEDERAL HIGHWAY STE 200  
FORT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**901 South Federal Highway**

3. Mailing Address  
**901 South Federal Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**101A**

**101A**

City & State

City & State

**Fort Lauderdale, FL**

**Fort Lauderdale, FL**

Zip

Country

Zip

Country

**33316**

**USA**

**33316**

**USA**

4. FEI Number **65-0672296**

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**

**WILKES, JOHN P ESQ.  
150 NO FEDERAL HIGHWAY STE 200  
FORT LAUDERDALE FL 33301**

Name

**WILKES, JOHN P.**

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

**901 South Federal Highway**

**Suite 101A**

City

**Fort Lauderdale**

**FL**

Zip Code

**33316**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILKES, JOHN P</b> <b>150 NO FEDERAL HIGHWAY STE 200</b> <b>FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILKES, JOHN P.</b> <b>901 South Federal Highway, Suite 101A</b> <b>Fort Lauderdale, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**4/3/01**

Date

**954-467-9200**

Daytime Phone #

CR2E034 (10/00)