

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90127 034 \*\*\*155.00

0016678 AV

**DOCUMENT # P97000004963**

1. Entity Name  
**ACUFLOW, INC.**



Principal Place of Business  
**2496 PARK PLACE BLVD  
 MELBOURNE FL 32935**

Mailing Address  
**2496 PARK PLACE BLVD  
 MELBOURNE FL 32935**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0763305**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**BURKE, MATTHEW T CPA  
 503 N. ORLANDO AVE., STE 106  
 COCOA BEACH FL 32931**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ~~PD~~  
 NAME **HARDEE, ROBERT**  
 STREET ADDRESS **5585 PENNOCK POINT RD**  
 CITY-ST-ZIP **JUPITER FL 33458**

☐ Delete

TITLE  
 NAME **Director**  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ~~VP~~  
 NAME **JOHNSON, MARTIN DR**  
 STREET ADDRESS **6550 N WICKHAM RD**  
 CITY-ST-ZIP **MELBOURNE FL 32940**

☐ Delete

TITLE  
 NAME **Director + President**  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ~~ST~~  
 NAME **GREEN, SHERRI**  
 STREET ADDRESS **UNIVERSITY OF SOUTH FLORIDA**  
 CITY-ST-ZIP **TAMPA FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME **CHARLES PERANCE**  
 STREET ADDRESS **471 SANDPIPER DRIVE**  
 CITY-ST-ZIP **COCOA BEACH, FL 32927**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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 REQUIRED**

**M. ROSENBLUTH**

**7/5/01**

**321 242-8329**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)



Phone 321-242-8329 FAX 321-259-1345 mauerbach-entel@cfl.rr.com

Attachment  
# P97000004963  
C0072817

Thursday, July 05, 2001

**Proprietary & Confidential**

Division of Corporations  
Uniform Business Report Filings  
P.O. Box  
Tallahassee, Florida 32302-1500

Reference: 2001 Uniform Business Report

We have just received the report form referenced above and were surprised to see that the filing fee was \$550.00. Our accountant advised me that we should have received a form months earlier, which would have shown \$150.00 due. We never received that form for some reason.

Since we are working from a residence until our company can support an office facility we are not allowed to display a sign visible from the street (mailbox). Due to this requirement we find that we sometimes do not receive mail addressed to the company only.

We have made appropriate changes and have enclosed a check for the \$155.00 we would have paid immediately if we had received the original form. Since the delay was due to no fault of our own and we cannot afford the \$550.00 at this time, we would appreciate your assistance in having the increase waived. I have contacted the post office with information on potential deliveries to our address.

Thank you for your consideration.

Sincerely,

Mitchell J. Auerbach  
Director  
AcuFlow, Inc.  
MJA/ce.  
Enclosures: CR2E034 Form and Check \$155.00



2496 Park Place Boulevard, Melbourne, Florida 32935

