

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028892

1. Entity Name

ACQUISITION DEVELOPMENT, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90069 050 ***150.00

Principal Place of Business

315 E ROBINSON STREET SUITE 600
ORLANDO FL 32801

Mailing Address

~~C/O STEPHEN B. HATCHER, ESQ.~~
~~PO BOX 3000~~
~~ORLANDO FL 32802-3000~~

2. Principal Place of Business

3. Mailing Address

PO Box 941330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Maitland, Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip
32794 1330

Country
US

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

HATCHER, STEPHEN B ESQ
315 E ROBINSON STREET SUITE 600
ORLANDO FL 32801

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, 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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MOORE, JONATHAN
1302 W FAIRBANKS AVE
WINTER PARK, FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 President Jonathan Moore (407) 539-1854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #