

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046983

1. Entity Name
ACORN, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90082 038 ***150.00

Principal Place of Business

Mailing Address

1112 EAST 142ND AVE.
TAMPA FL 33613

3612 HWY 92 E
PLANT CITY FL 33566

2. Principal Place of Business

3. Mailing Address

1112 E 142ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OFFICE

City & State

City & State

TAMPA, FL

4. FEI Number 59-3620194

Applied For

Not Applicable

Zip

Country

Zip

Country

33613

HILLSBOROUGH

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

WATKINS, E.C. JR.
1112 EAST 142ND AVE.
TAMPA FL 33613

Name

DONNA O'TOOLE

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

1112 E. 142ND AVENUE

OFFICE

City

TAMPA

FL

Zip Code

33613

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

Donna O'Toole

DONNA O'TOOLE

4/25/01

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 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	D WATKINS, E.C. JR. 802 E. BAKER ST. PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOERR, RUSSELL P 3612 HWY 92 E PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCLAIN, SANDRA 3612 HWY 92 E PLANT CITY FL 33566	<input checked="" 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"/> Change <input type="checkbox"/> Addition
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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:

Russell P. Doerr

RUSSELL P. DOERR

4/25/01

813-752-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0624833