

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91212 044 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PA9000057392**

1. Entity Name

ACADIA BUILDERS INC.

DO NOT WRITE IN THIS SPACE

11005183

2. Principal Place of Business

1498 SW 10TH ST

Suite, Apt. #, etc.

3. Mailing Address

1498 SW 10TH ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON

City & State

BOCA RATON FL

4. FEI Number

65-0932386

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **FARREN WARD**

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

1498 SW 10TH ST

City

BOCA RATON

FL

Zip Code

33486

**DO NOT WRITE
IN THIS SPACE**

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

WARD FARREN

4/18/03

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PP FARREN, WARD	1498 SW 10TH ST	BOCA RATON FL 33486
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td>	CITY-ST-ZIP
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td>	CITY-ST-ZIP
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td>	CITY-ST-ZIP
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td>	CITY-ST-ZIP
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td>	CITY-ST-ZIP
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td>	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

WARD FARREN

WARD FARREN

Date

4/18/03

Daytime Phone #

561 756 0147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)