

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90154 001 \*\*\*150.00

**DOCUMENT # S35699**

1. Entity Name  
**ACQUISITION STRATEGIES, INC.**

Principal Place of Business

~~2926 HAWTHORNE RD~~  
**TAMPA FL 33611**  
**US**

Mailing Address

~~2926 HAWTHORNE RD~~  
**TAMPA FL 33611**  
**US**

2. Principal Place of Business

**709 Guisando de Avila**

3. Mailing Address

**709 Guisando de Avila**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**Tampa FL**

Zip

**33613**

Country

**USA**

Zip

**33613**

Country

**USA**

4. FEI Number **59-3067529**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JORDAN, PAMELA S**  
**2926 HAWTHORNE RD**  
**TAMPA FL 33611**

7. Name and Address of New Registered Agent

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

*Pamela Jordan*

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JORDAN, PAMELA S</b>	
STREET ADDRESS	<b>2926 HAWTHORNE RD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>JORDAN, THOMAS G</b>	
STREET ADDRESS	<b>2926 W. HAWTHORNE RD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Jordan, Pamela S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>709 GUI SANDO de Avila</b>	
STREET ADDRESS	<b>TAMPA, FL 33613</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33613</b>	
TITLE	<b>Wolf, Thomas G</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>709 Guisando de Avila</b>	
STREET ADDRESS	<b>TAMPA FLORIDA 33613</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Pamela Jordan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/01 813 968 9792**

Date

Daytime Phone #

CR2E034 (10/00)