

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

03-31-2000 90060 026 ***150.00

DOCUMENT # P96000039587

1. Entity Name
ACUMEN, INC.

Principal Place of Business Mailing Address

3121 LAUREL RIDGE COURT **3121 LAUREL RIDGE COURT**
BONITA SPRINGS FL 34134-2663 **BONITA SPRINGS FL 34134-2663**

2. Principal Place of Business 3. Mailing Address

210 Seagull Lane **210 Seagull Lane**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Sarasota, Florida **Sarasota, Florida**

Zip Country Zip Country

34236 **USA** **34236** **USA**

4. FEI Number Applied For

65-0670567 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARMER, AARON A
3001 TAMIAMI TRAIL NORTH
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
CLASP Inc.

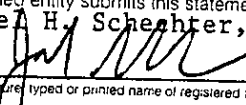
Street Address (P.O. Box Number is Not Acceptable)
3001 Tamiami Trail North

City State Zip Code

Naples **FL** **34103**

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.

Joe H. Schechter, President

SIGNATURE:  DATE: _____

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

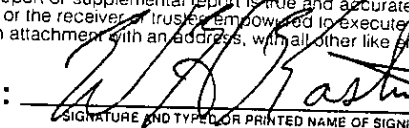
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

| OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| VD KASTNING, WILLIAM H 3121 LAUREL RIDGE COURT BONITA SPRINGS FL 33923-2663 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD DUFOUR, MARC 210 SEAGULL LANE SARASOTA FL 34236 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michelle L. Suzano 2383 Quirt Lane Punta Gorda, FL 33983 |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, trustee, or assignee 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:  **William H. Kastning, Vice President (941) 992-9542**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3/28/00 Continue Page #