## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am Secretary of State **J37160 DOCUMENT #** 1. Entity Name ACTION MOPEDS, INC. 01-30-2002 90094 025 \*\*\*158.75 Mailing Address Principal Place of Business 5310 66TH ST NO 5310 66TH ST NO ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2735469 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LYNCH, WILLIAM A JR Street Address (P.O. Box Number is Not Acceptable) 5310 66TH ST NO ST. PETERSBURG FL 33709 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE LYNCH, WILLIAM A. JR. CO NAME NAME 165 43RD AVE., N.E. STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33707 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME LYNCH, DANIEL J. CO NAME 340 - 89 TO AVE NE STREET ADDRESS STREET ADDRESS 8901 OAK ST NE SAINT PETERSBURG FL 33702 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Delete TITLE NAME LYNCH CO, ANNE M NAME STREET ADDRESS STREET ADDRESS 165 43RD AVE NE CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33703 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP. TITLE " A STATE NAME . NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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QUDATES J. Lynch - VP25 1/14/02

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.