2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

J37160

1. Entity Name

ACTION MOPEDS, INC.

Principal Place of Business 5310 66TH ST NO ST. PETERSBURG FL 33709 Mailing Address :: . 5310 66TH ST NO ST. PETERSBURG FL 33709 Jul 31, 2003 8:00 am Secretary of State

07-31-2003 90104 001 *****8.75 07-31-2003 90104 002 ***550.00

JJUJ4014



01. 1 2121100			:		
2. Principal P	face of Business	3. Mailing Address		1004)0 0100 11111 16001 11010 01111 01011 01011 01011 01011 01011 01011 01011	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State	e . , ,	City & State		4. FEI Number 59-2735469 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	1
5310 66T	VILLIAM A JR H ST NO RSBURG FL 33709		Name Street Adding	Number is Not Acceptable)	
			er-Gky 1889		
8. The above named in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Régistered Agent signature required when reinstating) DATE					
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750. t Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	ØFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u>≂</u> إ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, WILLIAM A. JR. CO 165 43RD AVE., N.E. SAINT PETERSBURG FL 33707	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	310 GGMSt. N. St. Petersburg FL 33709	R2E034 (4/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYNCH, DANIEL J. CO 340 89TH AVE NE SAINT PETERSBURG FL 33702	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	ָ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LYNCH CO, ANNE M 165 43RD AVE NE ST. PETERSBURG FL 33703	□ Oelęte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5310 66mst.N. t. Petersburg, F-L 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition	
TITLE NAME, STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	anti-
NAME / F NAME / F STREET ADDRESS CITY-ST-ZIP		⊖ El Oelete (vice)	NAME STREET ADDRESS SCITY-ST-ZIP	E Change V Addition	Do Attack

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: