Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 08, 2002 8:00 am Secretary of State DOCUMENT # L60692 1. Entity Name ACTION METAL PRODUCTS, INC. 05-08-2002 90053 008 ***150.00 Principal Place of Business Mailing Address 24 HARRISON AVENUE 24 HARRISON AVENUE PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address 475 Harrison Avenue 475 Harrison Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2996921 Not Applicable <u>Panama CIty</u> Panama City, Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32401 USA -32401 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Faircloth, Diane FAIRCLOTH, DIANE Street Address (P.O. Box Number is Not Acceptable) 475 Harrison Avenue 24 HARRISON AVE PANAMA CITY FL 32401 City Zia Code 1 Panama 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 (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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FAIRCLOTH, CHARLES E. NAME STREET ADDRESS 24 HARRISON AVE STREET ADDRESS 475 Harrison Avenue CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 Panama CIty, FL 32401 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP_ CITY-ST-ZIP __ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 describe 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