2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90023 036 ***150.00

816941

DO NOT WRITE IN THIS SPACE

DOCUMENT # L84956

1. Entity Name
ACTION DEVELOPMENT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4700 HIATUS ROAD #355 SUNRISE FL 33351 US	4700 HIATUS ROAD #355 SUNRISE FL 33351 US

2. Principal Place of Business	3. Mailing Address
4624 HIATUS ROAD	4624 HIATUS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE FL	City & State: SUNRISE FL
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. FEI Number 65-0197198 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAINSBURY, PETRINA
4421 NW 70TH AVE
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name: PETRINA SAINSBURY
Street Address (P.O. Box Number is Not Acceptable): 431 SE 6 Avenue
City: Pompano Beach FL Zip Code: 33060

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] PETRINA SAINSBURY PRESIDENT 1/8/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAINSBURY, PETRINA 4421 NW 70TH AVE LAUDERHILL FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETRINA SAINSBURY 431 SE 6 Avenue Pompano Beach FL 33060 ☒ Change ☐ Addition
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
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CR2E034 (10/00)

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: [signature] PETRINA SAINSBURY 1/8/01 954 748 7763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #