

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13942

1. Entity Name

ACTION PRODUCTS INTERNATIONAL, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90095 017 \*\*\*150.00

Principal Place of Business

344 CYPRESS ROAD  
OCALA FL 34472  
US

Mailing Address

344 CYPRESS ROAD  
OCALA FL 34472-3102  
US

2. Principal Place of Business

390 N. Orange Avenue  
Suite, Apt. #, etc.  
Suite #2185

3. Mailing Address

344 Cypress Road  
Suite, Apt. #, etc.

City & State

Orlando, FL 32801

City & State

Ocala, FL 34472-3102

4. FEI Number

59-2095427

Applied For

Not Applicable

Zip  
32801

Country  
U.S.A.

Zip

34472-3102

Country  
U.S.A.

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

6. Name and Address of Current Registered Agent

KAPLAN, RONALD S  
344 CYPRESS ROAD  
OCALA FL 34472

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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, 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**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC KAPLAN, RONALD S. 344 CYPRESS ROAD OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE ARMAS, DELTON 344 CYPRESS RD OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert Zumbahlen 344 Cypress Rd, Ocala, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Bernstein 344 Cypress Rd, Ocala, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gary Costantino 344 Cypress Rd., Ocala, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pablo Savetman 390 N Orange Ave, Ste 2185, Orlando	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judith Kaplan 344 Cypress Rd, Ocala, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald Tuchman 344 Cypress Rd, Ocala, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Costantino

1/6/00

352-680-3501

Date

Daytime Phone #

CR2E034 (9/99)