

FILED
May 12, 2002 8:00 am
Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ³ P01000060055

ACTION ASSOCIATION MANAGEMENT, INC.

Mailing Address

1955 ROLLING GREEN CIR.
SARASOTA FL 34240

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zig

Country

4. FEI Number

65-1110238

Applied For	
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Not Applicable

5. Certificate of Status Desired

7

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Notes

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, 2002 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	☐ Delete
NAME	ABINADAB Dieter	
STREET ADDRESS	1955 Rolling Green Circle	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	VICE PRESIDENT	☐ Delete
NAME	EMANUEL Dieter	
STREET ADDRESS	1955 Rolling Green Circle	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	MARLO - IDIETER	☐ Delete
NAME	VICE PRESIDENT	
STREET ADDRESS	1955 Rolling Green Circle	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ Delete
NAME	Alex SUCZENSKI	
STREET ADDRESS	1955 Rolling Green Circle	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN FY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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

3-3/-02

Date _____

941-379-7870

Newton Rhoads

CP2E034 (9/01)