

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000094995

**Entity Name:** ACTIVBUSINESS, INC

**Current Principal Place of Business:**

15 LOST CREEK LANE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

15 LOST CREEK LANE  
ORMOND BEACH, FL 32174 US

**FEI Number:** 27-4016507

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUSSE, JIM  
15 LOST CREEK LANE  
ORMOND BEACH, FL 32174 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BUSSE, JIM  
Address 15 LOST CREEK LANE  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JIM BUSSE

**PRESIDENT**

**04/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date