

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
 03-05-2002 90066 014 ***158.75

DOCUMENT # 595014

1. Entity Name
ACTION EMPLOYMENT AGENCY, INC.

Principal Place of Business
4343 W SUNRISE BLVD
PLANTATION FL 33311-1152
US

Mailing Address
4343 W SUNRISE BLVD
PLANTATION FL 33311-1152
US

2. Principal Place of Business
4343 W. SUNRISE BLVD.
 Suite, Apt. #, etc.

3. Mailing Address
4343 W. SUNRISE BLVD.
 Suite, Apt. #, etc.

City & State
PLANTATION, FLORIDA
 Zip
33313-6749
 Country
U.S.

City & State
PLANTATION FLORIDA
 Zip
33313-6749
 Country
U.S.

4. FEI Number
59-1924805

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required


6. Name and Address of Current Registered Agent

EDMAN, RUBY C
4343 W SUNRISE BLVD
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name **RUBY G. EDMAN**
 Street Address (P.O. Box Number is Not Acceptable)
4343 W. SUNRISE BLVD.
 City **PLANTATION** FL Zip Code **33313-6749**

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  **RUBY G. EDMAN.** **02. 15. 02.**
Signature, typed or printed name of registered agent and date 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDMAN, RUBY G 4343 W SUNRISE BLVD PLANTATION FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDMAN, VINCENT T 4343 W SUNRISE BLVD PLANTATION FL <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
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  **RUBY G. EDMAN.** **02. 15. 02.** **(954) 587-3280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)