2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F0100003810 **DOCUMENT #**



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90052 037 ***158.75

ACTION CONTRACTORS, INC.				
Principal Place of Business 2600 COLLINS SPRINGS DR.	Mailing Address 2600 COLLINS SPRINGS DR			

SMYRNA GA 30080		2600 COLLINS SPRINGS DR. SMYRNA GA 30080				i ibonibe min davat man samm adını	36)++ 65;++ 66;aa :)11 6 ; 1 0 ;0		
2. Principal	Place of Business	3. Mailing Address								
21 (Thiolpar) ladd of business		Vi Maling / lacioss	J. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			FEI Number 58-0666276	_	pplied For	<u></u>	
Zip	Country	Zip	ry	5. (5. Certificate of Status Desired \$8.75 Add Fee Require				7	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent						
C T COD	DODATION CVCTCM			Name						
	PORATION SYSTEM —————			Street Address (P.O. Box Number is Not Acceptable)						
	JTH PINE ISLAND ROAD									
PLANIAI	ION FL 33324		ł							1
			Ī	City			FL Z	Zip Cod	e	1
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or r	enistered and	ent or both in the State of Florid		or with		4
the obliga	tions of registered agent.	, , , , , , , , , , , , , , , , , , ,	, Lg.0.0.0	G 011100 07 1	ogioloica ag	chi, or both, in the state of Florid	a. Faiti faithlia	ar with,	апо ассері	ļ
SIGNATURE										
:	Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E: Registered	Agent signature	required when re	instating)	DATE			1
. F	ILE NOW!!! FEE IS \$150.00									┨
	May 1, 2003 Fee will be \$550.00					9. Election Campaign Finance			0 May Be	ł
Make Check	Payable to Florida Department	of State				Trust Fund Contribution.		Addec	to Fees	
10.	OFFICERS AN	D DIRECTORS 11.		·	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRE	CTOR	S IN 11	+
TITLE	POE MICKEY O	☐ Delete	TITLE					Change	☐ Addition	1:
NAME	POE, MICKEY S 2020 MT MORIAH RD		NAME					-	_	
STREET ADDRESS CITY-ST-ZIP	DALLAS GA 30132			ADDRESS						
			CITY-S	ST-ZIP					_	
TITLE NAME	VS POE, PATRICIA	☐ Delete	TITLE	i			□ C	Change	☐ Addition] [
STREET ADDRESS	2020 MT MORIAH RD		NAME	ABBBERG						`
CITY-ST-ZIP	DALLAD GA 30132		CITY-S	ADDRESS						
TITLE	T	□ Delete	TITLE	11-211	 -				<u></u> -	-
NAME	REDDING, WILLIAM _	□ Delete	NAME.				□ C	hange	Addition	
STREET ADDRESS	6895 BISHOP RD	the desirement of the contract of		ADDRESS	er war en en gan g	•	** * * *			
CITY-ST-ZIP	FAIRBURN GA		CITY-S							
TITLE		☐ Delete	TITLE					hanne	Addition	ł
NAME			NAME	ļ			<u>.</u>	nanye	L Audition	Ì
STREET ADDRESS			STREET	ADDRESS						ļ
CITY-ST-ZIP			CITY-S	T-ZIP						
TITLE		☐ Delete	TITLE				CI	hange	Addition	
NAME			NAME					<u>.</u>		
STREET ADDRESS CITY-ST-ZIP				ADDRESS						
		·	CITY-S	T- ZiP	777-			_		
TITLE NAME		☐ Delete	TITLE	}			CH	алде	Addition	
STREET ADDRESS			NAME	1000000						
CITY OT 7ID			STREET	ADDRESS						

12. 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 tursee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all others like empowered.

SIGNATURE:

January 10, 2003 404-799-3551

Date

Daytime Phone #