

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90068 047 \*\*\*150.00

**DOCUMENT # F98000001795**

1. Entity Name  
**ACTION PROPERTIES INC.**



Principal Place of Business  
**19658 WATERS BAY CT #1205  
BOCA RATON FL 33434**

Mailing Address  
**19658 WATERS BAY CT #1205  
BOCA RATON FL 33434**

**NEW ADDRESS**

2. Principal Place of Business

**10378 STONEBRIDGE BLVD**

3. Mailing Address

**← SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

City & State

Zip

**33498**

Country

**U.S.A.**

Zip

Country

4. FEI Number **11-2452153**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KOSSOFF, ARNOLD H  
19658 WATERS BAY CT #1205  
BOCA RATON FL 33434**

**NEW ADDRESS**

7. Name and Address of ~~Current~~ Registered Agent

Name **ARNOLD H. KOSSOFF**

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

**10378 STONEBRIDGE BLVD**

City

**BOCA RATON**

FL

Zip Code

**33498**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Arnold H. Kossoff* PRES.

**2/28/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPS	<input type="checkbox"/> Delete
NAME	KOSSOFF, ARNOLD H	
STREET ADDRESS	19658 WATERS BAY CT #1205	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VCVT	<input type="checkbox"/> Delete
NAME	KOSSOFF, ESTHER	
STREET ADDRESS	19658 WATERS BAY CT #1205	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 trustee 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 other like empowered.

SIGNATURE:

*Arnold H. Kossoff* PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/03**

**(561) 483-1929**

Date

Daytime Phone #

CR2E034 (10/02)