

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H 55760

1. Entity Name

ACTION FURNITURE, INC

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90076 038 ***150.00

Principal Place of Business

Mailing Address

6027 15th ST E
BRADENTON, FL 34203

A0039713

2. Principal Place of Business

3. Mailing Address

6027 15th ST E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRADENTON, FL

4. FEI Number

59-2527968

Applied For

Not Applicable

Zip

Country

Zip

Country

34203

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, Kenneth
6027 15th ST E
BRADENTON, FL 34203

Name

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ROBERTS, Kenneth
CITY-ST-ZIP 6027 15th ST EAST
BRADENTON, FL 34203

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS ROBERTS, FRANCIS R.
CITY-ST-ZIP 6027 15th ST E
BRADENTON, FL 34203

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall have of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To whom it May
Concern:

Please note the
6027 address #.
Your form last year
incorrectly listed the
number. Please note
Change.
Thankyou!

CR2E034 (11/00)