

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90070 048 ***150.00

DOCUMENT # H59959**1. Entity Name**
ACTION CRAFT, INC.**Principal Place of Business****2603 ANDALUSIA BLVD**
CAPE CORAL FL 33909**Mailing Address****2603 ANDALUSIA BLVD**
CAPE CORAL FL 33909**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2578956

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GUARD, PAUL P.**
2603 ANDALUSIA BLVD.
CAPE CORAL FL 33909

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUARD, PAUL P.	
STREET ADDRESS	3327 SE 18TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNAUGHTON, NANCY	
STREET ADDRESS	3730 COUNTRY CLUB BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HORTON, RONALD T.	
STREET ADDRESS	1406 N.E. 5TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GUARD, JOHN E	
STREET ADDRESS	322 NE 19TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHEPARD, RICHARD J.	
STREET ADDRESS	5267 SKYLARK COURT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUARD, IRENE C	
STREET ADDRESS	322 NE 19TH ST	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARD, PAUL P.	
STREET ADDRESS	422 SW 38th AVE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, RONALD T.	
STREET ADDRESS	1139 NW 2nd. Place	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARD, JOHN E.	
STREET ADDRESS	2508 NW 43rd. PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARD, IRENE C.	
STREET ADDRESS	2508 NW 43rd. PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy McNaughton / Nancy McNaughton Director

3/23/01

Date

(941) 574-7008

Daytime Phone #

CR2E034 (10/00)