

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J04148

1. Entity Name

ACTION LABOR MANAGEMENT, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90023 031 ***158.75

Principal Place of Business

Mailing Address

330 CLEMATIS ST
#215
WEST PALM BEACH FL 33401
US

330 CLEMATIS ST
SUITE 215
WEST PALM BEACH FL 33409-5021
US

2. Principal Place of Business

3. Mailing Address

900 OSCEOLA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

222

City & State

City & State

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33409

4. FEI Number 59-2710071

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

HOOVER, KAREN
330 CLEMATIS STREET
SUITE 215
WEST PALM BEACH FL 33401

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, 2000 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 PS ☐ Delete
NAME HOOVER, KARAN
STREET ADDRESS 330 CLEMATIS ST. #215
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/99)