

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J64359

1. Entity Name
ACTION 4-WHEEL DRIVE CENTER, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90172 046 ***150.00

Principal Place of Business

ACTION 4 X 4 CTR
FT MYERS FL 33901

Mailing Address

4125 FOWLER ST
FT MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2806235

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEYERS, JUDY
4125 FOWLER ST
FT MYERD FL 33901

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	MEYERS, JUDY	2219 HAVANA AVE.	FT. MYERS FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	COCHRANE, PATRICK	12181 OLD ROdeo DR.	AIWA FL 33920	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-03-00 (941) 939-7340

Date

Daytime Phone #

CR2E034 (5/00)

Action Fourwheel Drive Center 07-02-00
Attachment
D# J641359
0069055

To Whom it may Concern,

THIS WAS OUR FIRST NOTICE IN
THIS MATTER. MY WIFE AND I
PURCHASED ACTION 4x4 FROM JUDY
MEYERS 04-01-00 AND DID NOT
KNOW WE HAD TO PAY THIS.

IF YOU HAVE ANY QUESTIONS

PLEASE CALL ME AT 941-939-7340

THANK YOU

PAT COCHRANE