2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L06186** Apr 14, 2000 8:00 am Secretary of State ACTION ENTERPRISES SERVICE, INC. 04-14-2000 90062 001 ***150.00 04-14-2000 90062 002 *****8.75 Principal Place of Business Mailing Address 9783 COUNTRY OAKS DRIVE POB 366 ESTERO FL 33928-0366 FT MYERS FL 33912 13911 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0146110 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -VANDALL, JAY-A. Street Address (P.O. Box Number is Not Acceptable) 9783 COUNTRY OAKS DR FT MYERS FL 33912 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible _10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE VANDALL, JAY A. NAME NAME STREET ADDRESS 9783 COUNTRY OAKS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Change ☐ Addition TITLE Delete VANDALL, BONITA D. NAME STREET ADDRESS STREET ADDRESS 9783 COUNTRY OAKS DR CITY-ST-7IP CITY-ST-ZIP FT MYERS FL Addition ☐ Delete TITLE : 🔲 Change TITI F NAME VANDALL, EDWARD, J, NAME STREET ADDRESS 9783 COUNTRY OAKS DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT MYERS FL ☐ Change ☐ Addition ☐ Delete TITLE ì. VANDALL, JONATHAN NAME NAME STREET ADDRESS STREET ADDRESS 9783 COUNTRY OAKS DR CITY-ST-ZIP CITY-ST-ZIF FT MYERS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

741-267-3981

Daytime Phone #

CR2E034 (9