

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90331 012 ***150.00

DOCUMENT # L36479

1. Entity Name

A ACTION AUTOLINER, INC.

Principal Place of Business

5722 S FLAMINGO RD
 # STE 295
 COOPER CITY FL 33330
 US

Mailing Address

5722 S FLAMINGO RD
 # STE 295
 COOPER CITY FL 33330
 US

2. Principal Place of Business

2263 W. NEW HAVEN AVE

Suite, Apt. #, etc.

3. Mailing Address

2263 W. NEW HAVEN AVE

Suite, Apt. #, etc.

City & State

W. MELBOURNE, FL

Zip

32904

Country

USA

City & State

W. MELBOURNE FL

Zip

32904

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0159260**

Applied For

Not Applicable

5. Certificate of Status Desired **X**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEPANTE, JOSEPH
 10650 SW 40TH MANOR
 DAVIE FL 33328

7. Name and Address of New Registered Agent

Name **JOSEPH DEPANTE**
 Street Address (P.O. Box Number is Not Acceptable) **2263 W. NEW HAVEN AVE**
 City **W. MELBOURNE** FL Zip Code **32904**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEPANTE, JOSEPH	
STREET ADDRESS	10650 SW 40TH MANOR	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEPANTE, KATHLEEN	
STREET ADDRESS	10650 SW 40TH MANOR	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEW DEPANTE	
STREET ADDRESS	10650 SW 40TH MANOR	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPANTE JOSEPH	
STREET ADDRESS	2263 W. NEW HAVEN AVE	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPANTE, KATHLEEN	
STREET ADDRESS	2263 W. NEW HAVEN AVE	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW DEPANTE	
STREET ADDRESS	2263 W. NEW HAVEN AVE	
CITY-ST-ZIP	W. MELBOURNE, FL 32904	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIDI DEPANTE	
STREET ADDRESS	2263 W. NEW HAVEN AVE	
CITY-ST-ZIP	W. MELBOURNE, FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Joseph DEPANTE - 2/14/01 321-728-3700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)