## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L98211**

Country

SCHNEIDER, JOSEPH L., ATTY.

HOLLYWOOD FL 33020-3826

-4 1720 HARRISON ST. **SUITE 1820** 

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

## FIRST ACTION CORPORATION

51.1.100	
Principal Place of Business	

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2455 E SUNRISE BLVD STE 1201 FT LAUDERDALE FL 33304

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

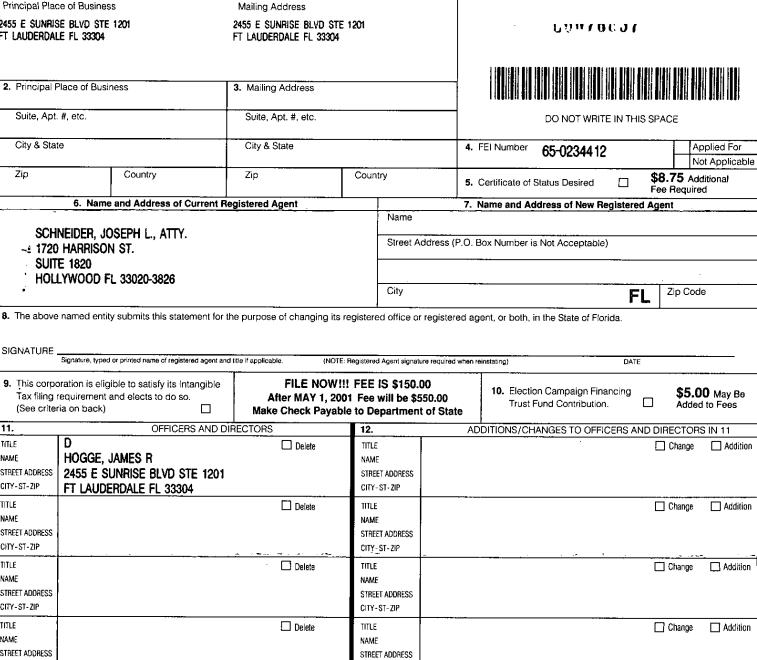
SIGNATURE

2455 E SUNRISE BLVD STE 1201

FT LAUDERDALE FL 33304

## Sep 14, 2001 8:00 am Secretary of State

09-14-2001 90007 003 \*\*\*550.00



9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Addition HOGGE, JAMES R NAME NAME STREET ADDRESS 2455 E SUNRISE BLVD STE 1201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 TITLE Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

Name

City

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 of 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:** 

MATURE AND TYPED OR PRINTED NA OF DIRECTOR