

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009183

1. Entity Name
ACTION HOME REMODELING, LLC

FILED

01 MAY -1 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3582 ENSIGN CIRCLE
DELRAY BEACH FL 33483

Mailing Address

3582 ENSIGN CIRCLE
DELRAY BEACH FL 33483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7280 West Palmetto Pk. Rd.

Suite, Apt. #, etc.

SUITE 307 NORTH

BOCA RATON FL

Zip
33433

Country
USA

3. Mailing Address

7280 West Palmetto Pk. Rd.

Suite, Apt. #, etc.

SUITE 307 NORTH

BOCA RATON FL

Zip
33433

Country
USA

4. FEI Number 65-0971974

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

IRWIN, THOMAS J
3582 ENSIGN CIRCLE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

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

Thomas J. Irwin - President

4-24-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
IRWIN, THOMAS J
3582 ENSIGN CIRCLE
DELRAY BEACH FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HUGHES, JOSEPH
5507 N. MILITARY TRAIL
BOCA RATON FL 34996 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Thomas J. Irwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561-239-6715

CR2E083 (11/00)