

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000009183

FILED
Sep 20, 2002
Secretary of State

Entity Name: ACTION HOME REMODELING, LLC

Current Principal Place of Business:

7280 W. PALMETTO PARK ROAD, STE 307 NORTH
BOCA RATON, FL 33433

New Principal Place of Business:

902 CLINT MOORE RD.
SUITE 144
BOCA RATON, FL 33487

Current Mailing Address:

7280 W. PALMETTO PARK ROAD, STE 307 NORTH
BOCA RATON, FL 33433

New Mailing Address:

902 CLINT MOORE RD.
SUITE 144
BOCA RATON, FL 33487

FEI Number: 65-0971974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRWIN, THOMAS J
3582 ENSIGN CIRCLE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: IRWIN, THOMAS J
Address: 3582 ENSIGN CIRCLE
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR () Delete
Name: HUGHES, JOSEPH
Address: 5507 N. MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 34996

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HUGHES, JOSEPH
Address: 100 PELICAN POINTE DR., APT. 203
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MGRM

09/20/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date