

2002 UNIFORM BUSINESS REPORT-(UBR)

1/3

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90048 045 ****61.25

DOCUMENT # N11020

1. Entity Name

CONCERNED ACTION, INC.

Principal Place of Business

Mailing Address

**3813 RAVENNA DRIVE
P.O. BOX 444
VALRICO FL 33595-0444
US**

**3813 RAVENNA DRIVE
P.O. BOX 444
VALRICO FL 33595-0444
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2579981

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEALD, DON P.
3813 RAVENNA DR.
P.O. BOX 444
VALRICO FL 33595**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
CONNIE COLLINSWORTH
1025 BRIDLEWOOD WAY
BRANDON FL 33511** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
ASH, APRIL
7632 Park Byrde Road
Lakeland, FL 33510** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VO
GANUNG, PAM
1931 MEADOWRIDGE DR
VALRICO FL 33594** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VO
BRAUN, PAM
1931 MEADOWRIDGE DR
VALRICO, FL 33594** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
DANIELS, CINDY
318 MIRAMAR DRIVE
LAKELAND FL 33805** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
AGAZARM, A.J.
8738 Whispering Oaks Trail
New Port Richie, FL 34654** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BARNER, KATHY
2103 WHEELER OAKS DR.
BRANDON FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
WILLIAMS, DAN
3516 BERRY BEND ROAD
VALRICO FL 33594** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MP
HEALD, DON
3813 RAVENNA DRIVE
VALRICO FL** ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02

813-689-9552

CR2E037 (9/01)