

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90016 029 \*\*\*\*61.25

DOCUMENT # N11020

1. Entity Name

concerned Action, Inc.



**DO NOT WRITE IN THIS SPACE**

24003672

2. Principal Place of Business

3813 Ravenna Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 444

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Valrico, FL

City & State

Valrico, FL

4. FEI Number

59-2579981

Applied For

Not Applicable

Zip

33595-0444

Country

USA

Zip

33595-0444

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Don P. Heald

Street Address (P.O. Box Number is Not Acceptable)

3813 Ravenna Drive

(Mail P.O. Box 444)

City

Valrico

FL

Zip Code

33595-0444

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	April Ash
STREET ADDRESS	7632 Park Byrde Road
CITY-ST-ZIP	Lakeland, FL 33810
TITLE	TD
NAME	Dan Ash
STREET ADDRESS	7632 Park Byrde Road
CITY-ST-ZIP	Lakeland, FL 33810
TITLE	VD
NAME	Dan Williams
STREET ADDRESS	3516 Berry Bend Road
CITY-ST-ZIP	Valrico, FL 33594
TITLE	SD
NAME	Sharon Pinney
STREET ADDRESS	2332 Towering Oaks Circle
CITY-ST-ZIP	Seffner, FL 33584
TITLE	ST
NAME	A.J. Agazarm
STREET ADDRESS	8738 Whispering Oaks Trail
CITY-ST-ZIP	New Port Richey, FL 34654
TITLE	MP
NAME	Don Heald
STREET ADDRESS	3813 Ravenna Drive
CITY-ST-ZIP	Valrico, FL 33595

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don P. Heald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-04 813-689-9552

Date

Daytime Phone #

CR2E034B (12/02)