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

P00000040566

DOCUMENT#

Act Now, Inc.

1. Entity Name

FILED Feb 25, 2002 8:00 am Secretary of State

02-25-2002 90036 037 ***158.75

	DO NOT WRITE	IN THIS SI	PACE	823264
2. Principal Pi	lace of Business	3. Mailing Address	1st St. N.	
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc. Suite 7/8		DO NOT WRITE IN THIS SPACE
City & State Seminole, FL 33776		City & State Seminole	FL 33776	4. FEI Number Applied For S9 – 3640866 Not Applicable
Zip	Country Pinellas	Zip	Country Pinellas	5. Certificate of Status Desired \$8.75 Additional Fee Required
			Name Brian	7. Name and Address of Current Registered Agent E. Johnson
DO NOT WRITE				(P.O. Box Number is Not Acceptable) Seminole_Blvd
	IN THIS SP	ACE	Semino	FL Zip Code
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or registe	ored agent, or both, in the State of Florida.
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agent signature require	d when reinstating) OATE
9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After May 1 Amended			lay 1 Fee is \$150.00 1, Fee is \$550.00 1 UBR is \$61.25 lie to Department of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11.	OFFICERS AND	DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Pamela R. Sindle 7777 131st St. 1	N., Ste. 7/8	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	Seminole, FL 33 VSD Kenneth R. O'Ne 7777 131st St. 1	111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Seminole, FL 33		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE			NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pamela R. Sindler 02-07-02 (727)392-4005