

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90047 035 ***158.75

0490312 AV

DOCUMENT # P01000011748

1. Entity Name

ACTION ENGINEERING SERVICES, INC.

Principal Place of Business

~~204 E. MCKENZIE STREET~~
~~SUITE E~~
~~PUNTA GORDA FL 33950~~

Mailing Address

~~204 E. MCKENZIE STREET~~
~~SUITE E~~
~~PUNTA GORDA FL 33950~~

2. Principal Place of Business

909-D Tamiami Trail
 Suite, Apt. #, etc.

3. Mailing Address

909-D Tamiami Trail
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

4. FEI Number

59-3698906

Applied For

Not Applicable

Zip

33953

Country

USA

Zip

33953

Country

USA

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCPHERSON, CHRISTOPHER I
~~204 E. MCKENZIE STREET~~
~~SUITE E~~
~~PUNTA GORDA FL 33950~~

7. Name and Address of New Registered Agent

Name

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

909-D Tamiami Trail

City

Port Charlotte FL

Zip Code

33953

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]

Christopher I. McPherson 3/22/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees **No**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MCPHERSON, CHRISTOPHER I**
 STREET ADDRESS **3611 SW 34TH STREET UNIT 93**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Address**
 STREET ADDRESS **5232 BLACKJACK CIRCLE**
 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 Block 12 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

3/22/02 941-766-1415

Date

Daytime Phone #

CR2E034 (9/01)