FILED
May 28, 2002 8:00 am
Secretary of State

04-28-2002 90579 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058203

1. Entity Name: ACTION MIDROVE RESOIR SERVICES, I.

29847

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address	
27152 JACKSON AVE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: BONITA SPRINGS, FL	City & State	4. FEI Number: 59-3727691 — Applied For / Not Applicable
Zip: 34135 — County: LEE	Zip — County	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Charles D. Swetland

Street Address (P.O. Box Number is Not Acceptable): 27152 Jackson AVE.

City: BONITA SPRINGS FL — Zip+4: 34135

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: Charles D. Swetland — 5-9-02

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. X (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	Charles D. SWETLAND
STREET ADDRESS	27152 Jackson AVE.
CITY-ST-ZIP	BONITA Springs, FL
TITLE	
NAME	William Fritzel Vice Pres
STREET ADDRESS	8449 Wren Rd.
CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	
NAME	
STREET ADDRESS	
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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: X Charles D. Swetland — 4-11-02 — 239-980-1285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #