## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000027124 **DOCUMENT #**

1. Entity Name

ACTION THERAPY, INC.



**FILED** Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90141 038 \*\*\*150.00

Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS				P SO THE TREE	
Suite, Apt. #. etc.   Suite, Apt. #. etc.   CHECK HERE IF MAKING CHANGES  City & State   Country   Zip   Country   S. Certificate of Status Desirad   Applied For September	820 S.E. 13TH COUR	T	820 S.E. 13TH COURT	060	
City & State  Country  Country  S. Conflictate of State Desired  SR-75 Additional  SR-75 Additiona	2. Principal Place o	Business	3. Mailing Address		
Zp Country Zp Country 5. Certificate of Status Desired S 5. S. AS Additional Post People S 5. Certificate of Status Desired S 5. Certificate of Status Desir	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
20	City & State		City & State		4. FEI Number Applied For
GUFFRIDA, JOHN 820 S.E. 13TH COURT POMPANO BEACH FL 33060  6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accepted by the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 Make, Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE STATE ADDRESS ON Y-S1-ZP  TITLE  OPERANDESS  ON-S1-ZP  TITLE  OPERANDESS  ON-S	Zip	Country	Zip	Country	5 Certificate of Status Desired S8.75 Additional
SIGNATURE  SIGNATURE  GRADIAN, Interest of registered agent.  SIGNATURE  Gradian, Interest or command name of registered agent for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. I am familiar with, and acceptable)  SIGNATURE  Gradian, Interest or command name of registered agent.  SIGNATURE  Gradian, Interest or command name of registered agent and tion is pulcable.  (NOTE Registered Agent signature residue when mentating)  ONTE.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Cheek Psylolis to Florida Department of State  Interest House Society		Name and Address of Current	Pogletored Agent	I	
Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  City FL Zip Code		THE BITT HOVESS OF COLUMN	Hegistered Agent	Name	7. Hallo alla Adaress (Filen Registerea Agent
820 S.E. 13TH COURT POMPANO BEACH FL 33060  City FL Zip Code  City FL Zip Code  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. I am familiar with, and accept the obligations of registered agent.  Signaturi, liyead or prised name of registered agent and the in applicable.  PILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Psyable to Florida Department of State  10.	<u>=</u>				ss (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature hyperical pages agent.   PACTE   Pagestared Agent signature material agent and title if applicable.   PACTE   Pagestared Agent signature material agent and title if applicable.   PACTE   PAGES   P	820 S.E. 13TH (	COURT			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Ilamiliar with, and access the obligations of registered agent.  SIGNATURE    Signature, hybrid or printed name of ingistered agent and title if applicable   INCIE Registered Agent agrinature required when reintation(s)   DATE	POMPANO BEA	CH FL 33060			
THE POMPAND BEACH FL 33060  TITLE  NAME STREET ADDRESS CITY-ST-2P  TITLE STREET ADDRESS CITY-ST-2P  TITLE STREET ADDRESS CITY-ST-2P  STREET ADDRESS CI				City	FL Zip Code
Symatum, hybrid or printed marrol frequended Appent and tiber harporative. (MOTE: Regulated Appent alignative methods and previous methods and previous methods and previous methods.)    FILE NOW!!! FEE IS \$150.00     Make Check Payable to Florida Department of State			r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS	SIGNATURE Signatur	s, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE
TITLE   DEFRIDA, JOHN   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   C	After May	1, 2003 Fee will be \$550.00	f State		
TITLE   DEFRIDA, JOHN   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   C	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Additi	TITLE D NAME GIUF STREET ADDRESS 820 \$	FRIDA, JOHN E: 13TH COURT		TITLE NAME STREET ADDRESS	1
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19. I hereby partify that the information pumplied with this filter does not explify for the grownting stated in Cartin, 10 07/2/3). Floride Cartin, 15 07/2/3.	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	

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