2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
02-14-2003 90240 049 ***150.00

DOCUMENT # P02000049853

1. Entity Name
ACTION-ENTERPRISES.COM, INC.

Principal Place of Business	Mailing Address
8624 COTTONWAY LANE	POST OFFICE BOX 1324
TAMPA FL 33635	OLDSMAR FL 33635

2. Principal Place of Business	3. Mailing Address
8624 Cottonway Ln.	PO BOX 1324
Suite, Apt. #, etc.	Suite, Apt. #, etc. OLDSMAR, FL
City & State: TAMPA FL	City & State
Zip: 33635 Country:	Zip: 34677 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0442970 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A.	Name: MONICA AGRIPPA
1840 SW 22ND ST.	Street: 1129 Magnolia
4TH FLOOR	
MIAMI FL 33145	City: Sefner, FL 33584

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] 1/22/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $150.00~~
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSTD ☑ Delete	TITLE	PSTD ☑ Change ☐ Addition
NAME	AGRIPPA, MONICA	NAME	MONICA AGRIPPA — MAILING STAYS PO BOX 1324 OLDSMAR FL 34677
STREET ADDRESS	8624 COTTONWAY LANE POST OFFICE BOX 1324	STREET ADDRESS	129 Magnolia
CITY-ST-ZIP	TAMPA FL 33635	CITY-ST-ZIP	Sefner, FL. 33584
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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

SIGNATURE: [signature] SIGNATURE REQUIRED 1/22/03 (813) 925 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #