

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91201 004 ***150.00

DOCUMENT # P93000022002

1. Entity Name
A ACTION MULCH, INC.



Principal Place of Business
6230 THOMAS RD
FT MYERS FL 33912
US

Mailing Address
15248 S. TAMiami TRAIL
SUITE 850
FORT MYERS FL 33908
US



2. Principal Place of Business

3. Mailing Address

PO-DRAWER 9086D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT MYERS, FL

4. FEI Number 65-0403916

Applied For
Not Applicable

Zip

Country

Zip

Country

33912

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

EISENMAN, JIM O
15248 S. TAMiami TRAIL
SUITE 850
FORT MYERS FL 33908

Name

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

6230 THOMAS ROAD

City FORT MYERS

FL

Zip Code 33912

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, 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 11

TITLE VPST
NAME EISENMAN, JIM
STREET ADDRESS 15248 S. TAMiami TRAIL - SUITE 850
CITY-ST-ZIP FORT MYERS FL 33908

TITLE
NAME
STREET ADDRESS 6230 THOMAS ROAD
CITY-ST-ZIP FORT MYERS, FL 33912

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CITY-ST-ZIP

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 REQUIRED VP JIM EISENMAN

4/15/2003

239-267-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)