2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000055010** 1. Entity Name

ACTION EAGLE MOTORS, INC.

HENDRIX, GLENNON L

837 CARSWELL AVENUE HOLLY HILL FL 32117

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so

Principal Place of Business

Mailing Address

837 CARSWELL AVENUE HOLLY HILL FL 32117

Zip

837 CARSWELL AVENUE HOLLY HILL FL 32117-3513

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Country

4. FEI Number

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent Name

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

City

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

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D ☐ Delete TITLE TITLE HENDRIX, GLENNON L NAME NAME STREET ADDRESS STREET ADDRESS 837 CARSWELL AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL 32117 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Hendrix 43-00