

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010638

1. Entity Name

ACTION TELECOMM AND DATA, INC.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90153 005 \*\*\*150.00

Principal Place of Business

103 NIGHTINGALE LN  
STE C  
GULF BREEZE FL 32561  
US

Mailing Address

103 NIGHTINGALE LN  
STE C  
GULF BREEZE FL 32561  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3362675**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PATRICK, RICHARD L  
5 POINCIANA DR.  
GULF BREEZE FL 32561

Name

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

103 NIGHTINGALE LN. STE C/D  
GULF BREEZE, FL, 32561

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.

SIGNATURE \_\_\_\_\_ (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. (See criteria on back) ☐

**FILE NOW!!! FEES \$150.00**  
**AFTER MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PATRICK, RICHARD L	
STREET ADDRESS	1210 BRAD THOMAS DR.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	PATRICK, SHELLEY M	
STREET ADDRESS	1210 BRAD THOMAS DR.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 850 934 8036 x212  
Date Daytime Phone #

CR2E034 (10/00)