

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90297 035 ***150.00

0612413 AV

DOCUMENT # P96000073964

1. Entity Name
ACTION TRUCKING OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**6230 THOMAS RD.
FORT MYERS FL 33912
US**

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address
6230 THOMAS ROAD

Suite, Apt. #, etc.

City & State
FORT MYERS FL

City & State
FORT MYERS FL

Zip
33912

Country

4. FEI Number **65-0695044** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EISENMAN, JIM
15248 S. TAMiami TRAIL, STE. 850
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENMAN, JIM O 15248 S. TAMiami TRIAL, STE. 850 FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EISENMAN, MARSHA 6230 THOMAS RD FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6230 THOMAS ROAD FORT MYERS, FL 33912	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JIM EISENMAN SIGNATURE REQUIRED JIM EISENMAN President
Date: 4/15/2003 Daytime Phone #: 239-267-8484

CR2E034 (10/02)