

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062753

1. Entity Name

ACTION INTERNET COMPANY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90344 005 ***150.00

Principal Place of Business

1901 SE FT KING ST
 OCALA FL 34471

Mailing Address

1901 SE FT KING ST
 OCALA FL 34471-2528

2. Principal Place of Business

1419 SE 40th Terrace
 Suite, Apt. #, etc.

3. Mailing Address

1419 SE 40th Terrace
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-3458856

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34471

Country

USA

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

STAFFORD, JEFF S
 1901 S.E. FORT KING STREET
 OCALA FL 34471

Name

Same

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

1419 SE 40th Terrace

City

Ocala

FL

Zip Code

34471

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS STAFFORD, JEFF S
 CITY-ST-ZIP 1419 SE 40TH TERR
 OCALA FL 34471

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

5/1/00

Date

352 6907707

Daytime Phone #

CR2E034 (9/99)