## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P9700066572 1. Entity Name ACTION WELL WORKS OF OKEECHOBEE, INC. 04-19-2001 90076 002 \*\*\*150.00 Principal Place of Business Mailing Address 605 W.S. PARK ST 605 W.S. PARK STREET SUITE 215 SUITE 215 OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0772745 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOOLSBY, ERNEST C II Street Address (P.O. Box Number is Not Acceptable) 5801 HWY 98 NORTH OKEECHOBEE FL 34972 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Secretary Ernest C III TITLE ☐ Delete TITLE ☐ Change Goolsb.4, NAME goolsby, ernest c II NAME 5801 HB4. 98 north STREET ADDRESS 5801 HWY 98 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Okeechobee, FLA. OKEECHOBEE FL 34972 TITLE ☐ Delete TITLE Change ☐ Addition CORWIN, MIKE NAME STREET ADDRESS STREET ADDRESS 5801 HWY 98 NORTH CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34972 TITLE SD TITLE **35**2. Delete ☐ Addition NAME **GODSKY**, ERNEST C III NAME STREET ADDRESS STREET ADDRESS 5801 HWY 98 N CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34972 TITLE ☐ Delete TITLE Change Addition NAME CORWIN, MARK NAME STREET ADDRESS STREET ADDRESS 5801 HWY 98 NORTH CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34972 TITLE TP □ Delete Addition TITLE Change NAME CORWIN. MIKE NAME STREET ADDRESS STREET ADDRESS 5801 HWY 98 NORTH CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34972 TITLE ☐ Delete TITLE Change ☐ Addition 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

resident