

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076618

1. Entity Name

ACTION-AUTO WORKS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90147 027 \*\*\*150.00

Principal Place of Business

4404 N.W. 13 STREET #21  
GAINESVILLE FL 32609

Mailing Address

4404 N.W. 13 STREET #21  
GAINESVILLE FL 32609-3320

2. Principal Place of Business

2343 NE 19th Dr  
Suite, Apt. #, etc.  
Gainesville FL  
City & State

3. Mailing Address

2343 NE 19th Dr  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Zip  
32609

Country  
USA

City & State

Gainesville FL

Zip  
32609

Country  
USA

4. FEI Number

59-3466081

Applied For

Not Applicable

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

CROSS, THOMAS  
4404 N.W. 13 STREET #21  
GAINESVILLE FL 32609

Name

Cross, Thomas

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

2343 NE 19th Dr  
City Gainesville FL

Zip Code

32609

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

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	D	<input type="checkbox"/> Delete
NAME	CROSS, THOMAS	
STREET ADDRESS	4404 N.W. 13 STREET #21	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSS, CARLENE	
STREET ADDRESS	4404 N.W. 13 STREET #21	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Thomas Cross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 352-371-5599  
Date Daytime Phone #

CR2E034 (9/99)