

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91112 043 ***150.00

DOCUMENT # P97000076618

1. Entity Name

ACTION AUTO WORKS, INC.

Principal Place of Business

**2343 NE 19TH DR.
GAINESVILLE FL 32609**

Mailing Address

**2343 NE 19TH DR.
GAINESVILLE FL 32609**

2. Principal Place of Business

**Action Auto Works
2343 NE 19th Drive**

3. Mailing Address

2343 NE 19th Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, Fla

City & State

Gainesville Fla

Zip

32609

Country

USA

Zip

32609

Country

Alachua

6. Name and Address of Current Registered Agent

**CROSS, THOMAS
2343 NE 19TH DR.
GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

Name

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

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

Thomas Cross

Thomas Cross

(NOTE: Registered Agent signature required when reinstating)

4-27-01

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, 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

TITLE **D** ☐ Delete
NAME **CROSS, THOMAS**
STREET ADDRESS **4404 N.W. 13 STREET #21**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **D** ☐ Delete
NAME **CROSS, CARLENE**
STREET ADDRESS **4404 N.W. 13 STREET #21**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Thomas Cross

Thomas Cross

4-27-01

Date

Daytime Phone #

CR2E034 (10/00)