

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000011549

1. Entity Name

ACTION SERVICE GROUP, INC.

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90244 038 ***150.00

20034361

Principal Place of Business

Mailing Address

211 FREEDOM CT

211 FREEDOM CT

DEERFIELD BEACH, FL 33442

DEERFIELD BEACH, FL 33442

2. Principal Place of Business

1200 NE 48TH ST

3. Mailing Address

211 FREEDOM CT

Suite Apt. #, etc.

Suite. Apt. #, etc.

SUITE 5

City & State

POMPANO BEACH, FL

City & State

DEERFIELD BEACH, FL 33442

Zip

33060

Country

Zip

33442

Country

4. FEI Number

65-0813028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION

3929 N FEDERAL HIGHWAY

POMPANO BEACH, FL 33064

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

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, 2003 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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BARBOSA, FERNANDO DO C.
211 FREEDOM CT
DEERFIELD BEACH, FL 33442

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DAVID HOPPLE
211 FREEDOM CT
DEERFIELD BEACH, FL 33442

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N 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

04/21/03

954-421-7007

Date

Daytime Phone #