

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91416 029 ***150.00

DOCUMENT # P98000080341

1. Entity Name
ACTION TEK, INC.



Principal Place of Business
405 MAC ARTHUR DR
ORLANDO, FL 32839 US

Mailing Address
PO BOX 561124
ORLANDO, FL 32856 US

11040347



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1901 Parker Dr.
Suite, Apt. #, etc.

3. Mailing Address
1901 Parker Dr.
Suite, Apt. #, etc.

City & State
Englewood, FL

City & State
Englewood, FL

4. FEI Number
59-3288029

Applied For
☐ Not Applicable

Zip
34223

Country
Charlotte

Zip
34223

Country
Charlotte

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

PENNEY, ALLEN R
405 MACARTHUR DR
ORLANDO, FL 32839

**1901 Parker Dr.
Englewood, FL 34223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Allen R. Penney

4-28-03

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NEW UBR FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PENNEY, ROSALIND B
1658 TREMONT LA
WINTER PARK, FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Penney, Rosalind B
1901 Parker Dr.
Englewood, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PENNEY, ALLEN R
1658 TREMONT LA
WINTER PARK, FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Penney, Allen R
1901 Parker Dr.
Englewood, FL 34223

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:

[Signature]

Rosalind Penney

4/28/03

941-460-0730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR03034 (10/02)