

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90146 013 ***150.00

DOCUMENT # P98000087649

1. Entity Name
TOTAL ACTION, INC.

Principal Place of Business
19370 COLLINS AVENUE, SUITE 318
SUNNY ISLES BEACH FL 33160-2247

Mailing Address
19370 COLLINS AVENUE, SUITE 318
SUNNY ISLES BEACH FL 33160-2247

00010100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1776 POLK STREET

3. Mailing Address
1776 POLK STREET

Suite, Apt. #, etc.
SUITE 10-L, Box 145

Suite, Apt. #, etc.
SUITE 10-L, Box 145

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number **65-0913056**

Applied For

Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

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

COVELLO, CHARLES J
19370 COLLINS AVENUE, SUITE 318
SUNNY ISLES BEACH FL 33160-2247

Name

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

1776 POLK STREET
SUITE 10-L, Box 145

City **HOLLYWOOD**

FL

Zip Code **33020**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **COVELLO, CHARLES J**
STREET ADDRESS **19370 COLLINS AVENUE, SUITE 318**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160-2247**

TITLE ☒ Change ☐ Addition
NAME **1776 POLK STREET**
STREET ADDRESS **SUITE 10-L, Box 145**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01

954-927-4770

CR2E034 (10/00)

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