

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90340 030 ***150.00

DOCUMENT # P98000087649

1. Entity Name
TOTAL ACTION, INC.

Principal Place of Business

1776 POLK STREET
SUITE 10-L, BOX 145
HOLLYWOOD FL 33020

Mailing Address

1776 POLK STREET
SUITE 10-L, BOX 145
HOLLYWOOD FL 33020

2. Principal Place of Business

1274 NE 179 ST.

3. Mailing Address

1274 NE 179 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33162

Country

USA

Zip

33162

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0913056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COVELLO, CHARLES J
1776 POLK STREET
SUITE 10-L, BOX 145
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
COVELLO, CHARLES J.

Street Address (P.O. Box Number is Not Acceptable)
1274 NE 179 ST.

City NORTH MIAMI BEACH

FL

Zip Code
33162

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

Charles J. Covello

CHARLES J. COVELLO

4/29/02

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COVELLO, CHARLES J 1776 POLK ST., STE. 10-L, BOX 145 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COVELLO, CHARLES J. 1274 NE 179 ST. NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Charles J. Covello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

305-945-2375

Daytime Phone #

CR2E034 (9/01)