

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097166

1. Entity Name

ACTION SALES/MARKETING GROUP OF FLORIDA, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90382 011 ***150.00

Principal Place of Business

13510 SHADY SHORES DR.
TAMPA FL 33613

Mailing Address

13510 SHADY SHORES DR.
TAMPA FL 33613

2. Principal Place of Business

508 SHADOW GROVE CT

Suite, Apt. #, etc.

LUTZ, FL

City & State

3. Mailing Address

508 SHADOW GROVE CT

Suite, Apt. #, etc.

LUTZ, FL

City & State



DO NOT WRITE IN THIS SPACE

Zip
33549

Country
HILLS.

Zip
33549

Country
HILLS.

4. FEI Number 59-3540599

Applied For

Not Applicable

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

WORTHLEY, GARY
13510 SHADY SHORES DR.
TAMPA FL 33613

Name GARY WORTHLEY

Street Address (P.O. Box Number is Not Acceptable)
508 SHADOW GROVE CT

City LUTZ, FL

FL

Zip Code 33549

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)

2/6/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JESSUP, PENNY	
STREET ADDRESS	11900 S.W. 48TH ST.	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WORTHLEY, GARY L	
STREET ADDRESS	13510 SHADY SHORES DRIVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. L. WORTHLEY SECRETARY 2/6/01 813 909-2188

Date

Daytime Phone #

CR2E034 (10/00)