

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070806

1. Entity Name

ACTION BUILDING AND REMODEL INC.

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90233 044 ***150.00

Principal Place of Business

2750 WOODY PLACE
JACKSONVILLE FL 32216

Mailing Address

2750 WOODY PLACE
JACKSONVILLE FL 32216

2. Principal Place of Business

380 Tidewater Dr.

3. Mailing Address

380 Tidewater Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville FL

Zip

32211

Country

USA

Zip

32211

Country

USA

4. FEI Number 65-0937297

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

SACCO, NANCY
2750 WOODY PLACE
JACKSONVILLE FL 32216

Name

Nancy L. Sacco

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

380 TIDEWATER DR.

City

Jacksonville

FL

Zip Code

32211

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

Nancy L. Sacco Nancy L. SACCO

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 D
NAME SACCO, NANCY
STREET ADDRESS 2750 WOODY PLACE
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

TITLE Owner/President
NAME Nancy L. Sacco
STREET ADDRESS 380 TIDEWATER DR.
CITY-ST-ZIP Jacksonville, FL. 32211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Nancy L. Sacco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

904-725-2437

Daytime Phone #

CR2E034 (10/00)