

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90359 044 ***150.00

DOCUMENT # **P99000075191** ✓

1. Entity Name

ACTION FINANCIAL CONCEPTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2435 E. 15TH ST

Suite, Apt. #, etc.

3. Mailing Address

2435 E. 15TH ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

4. FEI Number

05-0950301

Applied For

Not Applicable

Zip

32405

Country

Zip

32405

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **William-D. Byrd**

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

2435 E 15TH ST.

City

PANAMA CITY,

FL

Zip Code

32401

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
William D. Byrd
2435 E. 15TH STREET
PANAMA CITY, FL. 32405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
WENDY JACOBS
2435 E. 15TH STREET
PANAMA CITY, FL. 32405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

850-872-0444

Daytime Phone #

CR2E034B (12/01)