

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90120 029 \*\*\*150.00

DOCUMENT # **P99000092575**

1. Entity Name

**ACTION PUBLISHING, INC.** ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

**5 SHIPS WAY**

3. Mailing Address

**P.O. Box 430735**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BIG PINE KEY, FL**

City & State

**BIG PINE KEY, FL**

4. FEI Number

**59-3604974**

Applied For

Not Applicable

Zip

**33043**

Country

**USA**

Zip

**33043**

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

Name

**DAVID E. KOLODZIK**

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

**517 HECK AVE.**

City

**LITTLE TORCH KEY**

FL

Zip Code

**33042**

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]*

**DAVID E. KOLODZIK**

**4-2-01**

(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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**DAVID E. KOLODZIK**  
**517 HECK AVE.**  
**LITTLE TORCH KEY, FL 33042**

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V**  
**JACQUELINE S. HESS**  
**P.O. Box 420706**  
**SUMMERLAND KEY, FL 33042**

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S/L**  
**DIANE N. KOLODZIK**  
**517 HECK AVE.**  
**LITTLE TORCH KEY, FL 33042**

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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]*

**DAVID E. KOLODZIK**

**4-2-01**

**(305) 872-1868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)