

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90130 013 ***150.00

DOCUMENT # S39412

1. Entity Name

ACTION FINANCIAL CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 6130

3. Mailing Address

P.O. BOX 6130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

4. FEI Number
59-3060686

Applied For

Not Applicable

Zip
34684-0730

Country
Pinellas

Zip
34684-0730

Country
Pinellas

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **John J. Hamer**

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

927 E. Klosterman Rd.

City **Tarpon Springs, FL**

FL

Zip Code
34689

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John J. Hamer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/6/03*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
John J. Hamer
927 E. Klosterman Rd., Tarpon Springs, FL
34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary, Treasurer
Denise Ann Hamer
927 E. Klosterman Rd., Tarpon Springs, FL
34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *John J. Hamer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

866-857-3873

CR2E034B (12/02)