2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000079081

Title:

Name:

Address:

City-St-Zip:

Entity Name: ACCESS-ABLE TECHNOLOGIES, INCORPORATED

FILED Feb 06, 2003 Secretary of State

Current Principal Block of Business				New Principal Place of Pusiness		
Current Principal Place of Business: New Principal Place of Business:						
1275 BENNETT DR.						
#115 LONGWOO	D, FL 32750					
Current Mailing Address:				New Mailing Address:		
1275 BENNETT DR.						
#115 LONGON FL 22750						
LONGWOOD, FL 32750						
FEI Number:	59-3287591	FEI Number Applied For ()	FEI Number	Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
				MCGARVEY, KENNETH B		
616 ORCHID LN ALTAMONTE SPRINGS, FL 32714 US				505 TEAKWOOD DRIVE ALTAMONTE SPRINGS, FL 32714 US		
ALTAMON	IL SEKINGS, I	L 32/14 US	ALI	AMONTE SERINGS,	11 32/14 03	
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: KENNETH MCGARVEY 02/06/2003						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	` ,	Delete	Title	. ,	Change () Addition	
Name:	MCGARVEY, KEI		Nam	ie: ress:		
Address: City-St-Zip:	505 TEAKWOOD ALTAMONTE SP	RINGS, FL 32714 US		ess: -St-Zip:		
Title:		Delete	Title	·	Change () Addition	
Name:	MCGARVEY, CH		Nam			
Address: City-St-Zip:	505 TEAKWOOD	DRIVE RINGS, FL 32714 US		ress: -St-Zip:		
City-St-Zip.	ALIAWONTE SE	111103,112 32714 03	City	-Gt-Zip.		
Title:	· ,	Delete	Title	: ()	Change () Addition	
Name:	MCGARVEY, G. I		Nam			
Address: City-St-Zip:	616 ORCHID LAN	NE PRINGS, FL 32714		ress: -St-Zip:		
Oity-Ot-Zip.	ALTERNONIE SI	1 KINOO, I L 32/14	City-	-0t-2ip.		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KENNETH MCGARVEY P 02/06/2003

(X) Delete

ALTAMONTE SPRINGS, FL 32714

MCGARVEY, CAROLYN R

616 ORCHID LANE

() Change () Addition