

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044192

1. Entity Name
ACCESS/IPS PROP., INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
370 W. CAMINO GARDENS BLVD.
SUITE 300
BOCA RATON, FL 33432
US

Mailing Address
222 COLUMBIA TOWER
FLORENCE PARK, NJ 07932
US

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

4. City, Apt. #, etc.

5. City, Apt. #, etc.

6. City & State

7. City & State

4. PB Number
65-0647762

Applied For
Not Applicable

8. Zip

Country

9. Zip

Country

6. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BECKER & POLLAROFF, P.A.
500 AUSTRALIAN AVENUE SOUTH
NINTH FLOOR
WEST PALM BEACH FL 33461

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

9. 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 individual agent and title if applicable. (DO NOT include Agent's name unless when resigning)

10. This corporation is eligible to elect its intangible tax filing requirement and elects to do so.

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: CEO
NAME: POSS, JOHN
STREET ADDRESS: 1320 SW 20TH ST.
CITY-ST-ZIP: BOCA RATON FL 33486

TITLE: Change Addition

TITLE: VSD
NAME: EDSON, ANNA
STREET ADDRESS: 1320 SW 20TH ST
CITY-ST-ZIP: BOCA RATON FL 33486

TITLE: Change Addition

TITLE: VP
NAME: MURPHY, EDWARD
STREET ADDRESS: 91 CHRISTINE DR.
CITY-ST-ZIP: E. HANOVER NJ 07036

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: 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)(b), Florida Statutes. I further certify that the information contained 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 prepare 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: _____, President Date: 8/28/2001 Phone: 873-360-0750

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