2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 AM
Secretary of State

DOCUMENT# P96000040822

Entity Name: ACCESSABILITY SPECIALISTS, INC.

Current Principal Place of Business:

1815 CORP SQUARE
SUITE 200
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

1815 CORPORATE SQUARE BLVD.
SUITE 200
JACKSONVILLE, FL 32216 US

Current Mailing Address:

1815 CORP SQUARE
SUITE 200
JACKSONVILLE, FL 32216 US

New Mailing Address:

1815 CORPORATE SQUARE BLVD.
SUITE 200
JACKSONVILLE, FL 32216 US

FEI Number: 59-3374705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTMORELAND, SHERMAN G
1815 CORP SQUARE BLVD
JACKSONVILLE, FL 32216

Name and Address of New Registered Agent:

WESTMORELAND, SHERMAN G
1815 CORPORATE SQUARE BLVD.
SUITE 200
JACKSONVILLE, FL 32216 US

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: _____ 01/30/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WESTMORELAND, SHERMAN G
Address: 2231-5 CORPORATE SQ BLVD
City-St-Zip: JACKSONVILLE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V P (X) Change ( ) Addition
Name: FILICHIA, JAMES J VICE
Address: 1815 CORPORATE SQUARE BLVD., SUITE 200
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: P ( ) Change (X) Addition
Name: WESTMORELAND, SHERMAN G PRES
Address: 1815 CORPORATE SQUARE BLVD., SUITE 200
City-St-Zip: JACKSONVILLE, FL 32216 US

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.

SIGNATURE: JIM FILICHIA VICE 01/30/2002
Electronic Signature of Signing Officer or Director — Date