

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90183 032 \*\*\*158.75

**DOCUMENT # P96000083992**

1. Entity Name  
**ACCESS POWER, INC.**

Principal Place of Business      Mailing Address  
**10033 SAWGRASS DR W**      **P.O. BOX 295**  
**SUITE 100**      **PONTE VEDRA BEACH FL 32004-0295**  
**PONTE VEDRA BEACH FL 32082**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-3420985**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SMITH, GLENN**  
**116 LOST BCH. LN.**  
**PONTE VEDRA BEACH FL 32082**

**7. Name and Address of New Registered Agent**

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

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, typed or printed name of registered agent and title if applicable.      (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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PDC</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, GLENN A</b>	
STREET ADDRESS	<b>116 LOST BEACH LN.</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Delete
NAME	<b>MATOVICH, MAURICE</b>	
STREET ADDRESS	<b>439 OSPREY PT.</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, TOD R</b>	
STREET ADDRESS	<b>12040 HOOD LANDING ROAD</b>	
CITY-ST-ZIP	<b>MANDAM FL 32258</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Todd Smith</b>	
STREET ADDRESS	<b>1748 South Creek Dr.</b>	
CITY-ST-ZIP	<b>Jacksonville FL 32259</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CFO BRADLEY W. Benton</b>	
STREET ADDRESS	<b>28 Naught Road</b>	
CITY-ST-ZIP	<b>Long Valley, NJ. 07853</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CTO Ronald A. Tregaskis</b>	
STREET ADDRESS	<b>1795 Pitch Pine Ave</b>	
CITY-ST-ZIP	<b>Jacksonville FL 32259</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Glenn A. Smith*      REQUIRED **Glenn A. Smith**      Date **4/19/02**      Daytime Phone # **9042732980**

CR2E034 (9/01)