

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90009 011 ***150.00

DOCUMENT # P97000020723

1. Entity Name
ACCESS STORAGE, INC.

Principal Place of Business 3640 BELLE ARBOR CIRCLE TITUSVILLE FL 32780	Mailing Address 3640 BELLE ARBOR CIRCLE TITUSVILLE FL 32780-5518
2. Principal Place of Business 4345 South St. Suite, Apt. #, etc.	3. Mailing Address 4345 South St Suite, Apt. #, etc.
City & State Titusville FL	City & State Titusville FL
Zip 32780 Country	Zip 32780 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WRIGHT, SCOTT ESQUIRE 175 E. NASA BLVD., SUITE 300 MELBOURNE FL 32901		7. Name and Address of New Registered Agent Name ROBERT J SCOPELITIS Street Address (P.O. Box Number is Not Acceptable) 4345 South St City Titusville FL Zip Code 32780

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 **ROBERT J SCOPELITIS**
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCOPELITIS, ROBERT J 3640 BELLE ARBOR CIRCLE TITUSVILLE FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-28-00** Daytime Phone # **407-383-7936**