

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90160 006 ***150.00

DOCUMENT # P98000046884

1. Entity Name

ACCESS SOUTH, INC.

Principal Place of Business

Mailing Address

**515 NORTH FLAGLER DRIVE
 SUITE 1800
 WEST PALM BEACH FL 33401**

**515 NORTH FLAGLER DRIVE
 SUITE 1800
 WEST PALM BEACH FL 33401-4330**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2414508

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REMSEN, JOHN L ESQUIRE
 515 NORTH FLAGLER DRIVE
 SUITE 1800
 WEST PALM BEACH FL 33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUNT, LARRY		NAME:	
STREET ADDRESS: 54 BEATTY CRES		STREET ADDRESS:	
CITY-ST-ZIP: AURORA ONTARIO, CANADA		CITY-ST-ZIP:	
NAME: CROWE, RON		NAME:	
STREET ADDRESS: 5211 ROTHSAY COURT		STREET ADDRESS:	
CITY-ST-ZIP: MISSISSAUGA, ONTARIO CANADA OC L5M4Y-3		CITY-ST-ZIP:	
NAME: QUINNEY, RICHARD		NAME:	
STREET ADDRESS: 34 HAMILTON CRESCENT		STREET ADDRESS:	
CITY-ST-ZIP: GEORGETOWN, ONTARIO CANADA OC L4L5R-8		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)