

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90011 047 ***550.00

DOCUMENT # P99000044602

1. Entity Name

ACCESS FINANCIAL CORP. ✓

Principal Place of Business

Mailing Address

**1331 ALAMEDA DR NORTH
 LAKELAND FL 33805**

**1331 ALAMEDA DR NORTH
 LAKELAND FL 33805-2312**

2. Principal Place of Business

3. Mailing Address

1331 Alameda Dr. N
 Suite, Apt. #, etc.

Same
 Suite, Apt. #, etc.

City & State

City & State

Lakeland Florida

Zip

Country

Zip

Country

33805 Polk

4. FEI Number

Applied For

59-3493202

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLEON, AUDITH
 1331 ALAMEDA DR NORTH
 LAKELAND FL 33805**

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 *Audith Poleon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-13-2000
 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	D	<input type="checkbox"/> Delete
NAME	POLEON, AUDITH	
STREET ADDRESS	1331 ALAMEDA DR NORTH	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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: *Audith Poleon* **SIGNATURE REQUIRED** *Audith Poleon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *9-13-2000* Daytime Phone #

CF 004.0000