

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90017 036 \*\*\*558.75

**DOCUMENT # P99000080968**

1. Entity Name

**UNIVERSAL ACCESS CARD, INC.**

Principal Place of Business

Mailing Address

801 WEST BAY DR., STE. 413  
 LARGO FL 33770

801 WEST BAY DR., STE. 413  
 LARGO FL 33770-4203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**801 West Bay Drive**

3. Mailing Address

**801 West Bay Drive**

Suite, Apt. #, etc.

**Suite 203**

Suite, Apt. #, etc.

**Suite 203**

City & State

**Largo FL**

City & State

**Largo FL**

4. FEI Number

**59-3597694**

Applied For

Not Applicable

Zip

Country

**33770**

Zip

Country

**33770**

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

**PETRESCUE, BERNARD**  
**801 WEST BAY DR., STE. 413**  
**LARGO FL 33770**

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, 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 P**  Delete  
 NAME **PETRESCUE, BERNARD**  
 STREET ADDRESS **801 WEST BAY DR., STE. 413 203**  
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **D S**  Change  Addition  
 NAME **Copley, Chip**  
 STREET ADDRESS **2554 Estancia Blvd**  
 CITY-ST-ZIP **Clearwater, FL 33767**  Change  Addition

TITLE ~~Hindman, John~~  Delete  
 NAME ~~Hindman, John~~  
 STREET ADDRESS ~~2663 Firestone Drive~~  
 CITY-ST-ZIP ~~Clearwater FL 33761~~  Delete

TITLE **D**  Change  Addition  
 NAME **Smith, Arthur**  
 STREET ADDRESS **770 Island Way**  
 CITY-ST-ZIP **Suite 204**  
**Clearwater, FL 33767**  Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**SIGNATURE (Bernard Petrescue) 5/31/00 727-587-0837**

Date

Daytime Phone #

CR2E034 (9/99)