

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90399 009 \*\*\*150.00

**DOCUMENT # V52998**  
 1. Entity Name  
**ACCESS MEDICAL & OFFICE SUPPLIES, INC.**

Principal Place of Business <b>311 N CLYDE MORRIS BLVD</b> <b>510</b> <b>DAYTONA BCH. FL 32114</b> <b>US</b>	Mailing Address <b>311 N CLYDE MORRIS BLVD</b> <b>510</b> <b>DAYTONA BCH. FL 32114</b> <b>US</b>
--	--



2. Principal Place of Business <b>1740 RICHARD PETTY BLVD</b> Suite, Apt. #, etc.	3. Mailing Address <b>1740 RICHARD PETTY BLVD</b> Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State <b>DAYTONA BEACH, FL</b>	City & State <b>DAYTONA BEACH, FL</b>
Zip <b>32114</b>	Country
Zip <b>32114</b>	Country

4. FEI Number <b>59-3139150</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**CALDWELL, JACQUES R M.D**  
**311 N CLYDE MORRIS BLVD**  
**SUITE 510**  
**DAYTONA BEACH FL 32114**

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

Name  
**JACQUES R CALDWELL MD**

Street Address (P.O. Box Number is Not Acceptable)  
**1740 RICHARD PETTY BLVD**

City  
**DAYTONA BEACH** FL Zip Code  
**32114**

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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>OFFENBERG, HOWARD</b> <b>311 N CLYDE MORRIS BLVD STE., 510</b> <b>DAYTONA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CALDWELL, JACQUES</b> <b>311 N. CLYDE MORRIS BLVD STE., 510</b> <b>DAYTONA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **3-26-02** **386-253-7490**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JACQUES R. CALDWELL** Date Daytime Phone #

CR2E034 (9/01)