

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000004315**

1. Entity Name

ACCESS LOGIC, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90156 036 ***150.00

900465

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
13111 E BRIARWOOD AVE PO BOX 3436
#330 ENGLEWOOD CO 80155-3436
ENGLEWOOD CO 80112
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **84-1243142** Applied For
Not Applicable5. 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**

FULLER, BARRY J
FULLER & ASSO., ATTORNEY AT LAW
2301 PARK AVE.
ORANGE PARK FL 32073

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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 State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PM	BARBER, JUDY	10978 E CRESTRIDGE CIRCLE	ENGLEWOOD CO				
VS	BARBER, STEPHEN	10978 E CRESTRIDGE CIRCLE	ENGLEWOOD CO				
TD	LEWIS, MARVIN	6421 S JAMAICA CIR	ENGLEWOOD CO 80111				
D	LEWIS, EVELYN-JO	6421 S JAMAICA CIR	ENGLEWOOD CO 80111				
D	LINS, ERIC	11064 HERMITAGE RUN	LITTLETON CO 80123				
D	YOUNG, CURT JR.	13781 GERONA DR, N	JACKSONVILLE FL 32224				

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

Date

Daytime Phone #

1-6-00 (303) 850-7011

CR2E034 (9/99)