

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90015 011 \*\*\*150.00

**DOCUMENT # S13555**

1. Entity Name  
**ACCESS SECURITY AND MAINTENANCE SYSTEMS, INC.**

Principal Place of Business <del>1460 GOLDEN GATE PKWY</del> <del>SUITE 103</del> <del>NAPLES FL 34105</del> US	Mailing Address <del>1460 GOLDEN GATE PKWY</del> <del>SUITE 103</del> <del>NAPLES FL 34105</del> US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>6120 STATE RD. 66</b> Suite, Apt. #, etc.
City & State	City & State <b>SEBRING FL</b>
Zip Country	Zip Country <b>33875 US</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>11-3051874</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  
**WENZEL, TERRY J**  
~~1460 GOLDEN GATE PKWY~~  
~~SUITE 103~~  
~~NAPLES FL 34105~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**6120 STATE RD. 66**  
 City **SEBRING FL** Zip Code **33875**

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.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>WENZEL, TERRY J.</b> <del>3754 12TH STREET N.</del> <del>NAPLES FL 34103</del> <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

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: TERRY J. WENZEL **TERRY J. WENZEL** **2/26/01** **941 4957408**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)