### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDITH A SARRA RICCI

Electronic Signature of Signing Officer/Director Detail

# **Current Mailing Address:**

**Current Principal Place of Business:** 

5173 SE COUNTY ROAD 760 ARCADIA, FL 34266

DOCUMENT# P00000105423

#### FEI Number: 65-1057324

5173 SE COUNTY ROAD 760 ARCADIA. FL 34266

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ACCESSIBILITY DISABILITY CONSULTANTS, INC.

SARRA RICCI, JUDITH A 5173 SE COUNTY ROAD 760 ARCADIA, FL 34266 US

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:

**Officer/Director Detail :** Title Ρ Title ST Name SARRA RICCI, JUDITH A Name RICCI, THOMAS J Address 5173 SE COUNTY ROAD 760 Address City-State-Zip: ARCADIA FL 34266

02/06/2013 PRESIDENT

## FILED Feb 06, 2013 Secretary of State CC0298007763

Certificate of Status Desired: No

5173 SE COUNTY ROAD 760 City-State-Zip: ARCADIA FL 34266

Date

Date