

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000017370

**Entity Name:** ACCESS SOLUTIONS CORP**Current Principal Place of Business:**412 LONGFELLOW BOULEVARD  
SUITE # 3  
LAKELAND, FL 33801**Current Mailing Address:**6439 MILNER BOULEVARD  
SUITE # 1  
ORLANDO, FL 32809 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEDINA, MAGGIE M  
412 LONGFELLOW BOULEVARD  
SUITE # 3  
LAKELAND, FL 33801 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	MEDINA, MAGGIE M
Address	412 LONGFELLOW BOULEVARD # 3
City-State-Zip:	LAKELAND FL 33801

Title	SECRETARY
Name	MEDINA, MAGGIE M
Address	412 LONGFELLOW BOULEVARD SUITE # 3
City-State-Zip:	LAKELAND FL 33801

Title	TREASURER
Name	MEDINA, MAGGIE M
Address	412 LONGFELLOW BOULEVARD SUITE # 3
City-State-Zip:	LAKELAND FL 33801

Title	VP
Name	BURAS, TERRY MICHAEL
Address	412 LONGFELLOW BLVD SUITE # 3
City-State-Zip:	LAKELAND FL 33801

Title	CHAIRMAN
Name	BURAS, TERRY MICHAEL
Address	412 LONGFELLOW BLVD SUITE # 3
City-State-Zip:	LAKELAND FL 33801

*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:** MAGGIE M MEDINA**PRES****02/24/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date