

2021 FLORIDA PROFIT CORPORATION AMENDED 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:**14422 SHORESIDE WAY
SUITE # 110 - 130
WINTER GARDEN, FL 34787 US**FEI Number:** 84-4815513**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	14422 SHORESIDE WAY SUITE # 110 - 130
City-State-Zip:	WINTER GARDEN FL 34787

Title	CHAIRMAN
Name	BURAS, TERRY MICHAEL
Address	14422 SHORESIDE WAY SUITE # 110 - 130
City-State-Zip:	WINTER GARDEN FL 34787

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**PRESIDENT****04/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date