

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **623033**

1. Entity Name

ACCESS/INTERNATIONAL, INC.

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90661 034 ***150.00

05/4420 AT

Principal Place of Business

370 W CAMINO GDNS BLVD
SUITE 300
BOCA RATON FL 33432
US

Mailing Address

222 COLUMBIA TRPK
SUITE 126
FLOHAM PARK N. 07932
US

2. Principal Place of Business

P.O. BOX 273528

Suite, Apt. #, etc.

3. Mailing Address

248 Columbia Turnpike

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FLORIDA

Zip
33427-3528

Country
USA

City & State

FLOHAM PARK, New Jersey

Zip
07932

Country
USA

4. FEI Number

59-1918791

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVENUE SOUTH
NINTH FLOOR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FOSS, JOHN P. ☐ Delete
1320 S.W. 20TH ST.
BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
EDSON, ANNA ☐ Delete
1320 SW 20TH ST
BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MURPHY, EDWARD ☐ Delete
91 CHRISTINE DR
E HANOVER NJ 07936

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)