

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000808

1. Entity Name

BIOMETRIC ACCESS, LTD.

FILED

00 JAN 21 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2221 LEE ROAD, SUITE 22
WINTER PARK FL 32789

Mailing Address

2221 LEE ROAD, SUITE 22
WINTER PARK FL 32789-1864

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3470076

Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, BRYAN M
2221 LEE ROAD, SUITE 22
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 22

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. Capital Contributions
as Shown on record.

\$270,000.00.

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS, CHANGES ONLY

DOCUMENT # P97000019228
NAME COMMERCE FINANCIAL CORPORATION
STREET ADDRESS 2221 LEE ROAD, SUITE 22
CITY - ST - ZIP WINTER PARK FL 32789

STREET ADDRESS SUITE 22

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: By:  REQUIRED

407/644-9319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Bryan M. Thomas, President of GP

Date

Daytime Phone #