

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006203

1. Entity Name

HEMOPHILIA ACCESS, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90026 011 ***158.75

Principal Place of Business

Mailing Address

9857 CLOVERCROFT ROAD
NOLENSVILLE, TN 37135

9857 CLOVERCROFT RD
P O BOX 367
NOLENSVILLE TN 37135-0367
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9849 CLOVERCROFT RD

9849 CLOVERCROFT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 367

City & State

City & State

NOLENSVILLE TN

NOLENSVILLE TN

Zip

Country

Zip

Country

37135

williamson

37135

williamson

4. FEI Number

62-1557624

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMILLAN, ALEX
6429 RIVER RIDGE RD.
NEW PORT RICHEY FL 34853

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
CHITWOOD, MARGUERITE E
9857 CLOVERCROFT ROAD
NOLENSVILLE TN ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
EVANS, MARGUERITE B
2415 BUSH AVE.
LEEDS AL 35094 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DM
AKERS, MICHAEL T
9857 CLOVERCROFT ROAD
NOLENSVILLE TN 37135 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ 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: MICHAEL T. AKERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00 800-399-7359

Date

Daytime Phone #