

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90674 033 ***150.00

DOCUMENT # F95000004315

1. Entity Name

ACCESS LOGIC, INC.

Principal Place of Business

**13111 E BRIARWOOD AVE
#330
ENGLEWOOD CO 80112
US**

Mailing Address

**PO BOX 3436
ENGLEWOOD CO 80155-3436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1243142

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

Name

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

City

FL

Zip Code

**FULLER, BARRY J
FULLER & ASSO., ATTORNEY AT LAW
2301 PARK AVE.
ORANGE PARK FL 32073**

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	PM	<input type="checkbox"/> Delete
NAME	BARBER, JUDY	
STREET ADDRESS	10978 E CRESTRIDGE CIRCLE	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BARBER, STEPHEN	
STREET ADDRESS	10978 E CRESTRIDGE CIRCLE	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, MARVIN	
STREET ADDRESS	6421 S JAMAICA CIR	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, EVELYN-JO	
STREET ADDRESS	6421 S JAMAICA CIR	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINS, ERIC	
STREET ADDRESS	11064 HERMITAGE RUN	
CITY-ST-ZIP	LITTLETON CO 80123	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, CURT JR.	
STREET ADDRESS	13781 GERONA DR. N	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3900 Old Field Crossing Dr., #1422
CITY-ST-ZIP	Jacksonville, FL 32223

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 #

3/19/02 (303) 850-7011

CR2E034 (9/01)