

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90164 006 ***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
(Same)

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
(Same)

City & State

Zip
(Same)

Country

Zip

Country

4. FEI Number **84-1243142**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. 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	3900 OLD FIELD CROSSING DR #1422	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9405 POUNDSTONE PL	
CITY-ST-ZIP	Greenwood Village, CO 80111	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9405 Poundstone Pl	
CITY-ST-ZIP	Greenwood Village CO 80111	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9405 Poundstone Pl	
CITY-ST-ZIP	Greenwood Village, CO 80111	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 (303)850-7011
Date Daytime Phone #

CR2E034 (10/02)