

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90005 026 \*\*\*550.00

**DOCUMENT # L00518**

1. Entity Name  
**ACCESS MANAGEMENT SERVICES, INC.**

Principal Place of Business  
**402 SOUTH CENTRAL AVENUE**  
**OVIEDO FL 32765**  
**US**

Mailing Address  
**402 SOUTH CENTRAL AVENUE**  
**OVIEDO FL 32765**  
**US**

2. Principal Place of Business  
**140 Alexandria Blvd**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Orlando FL**

City & State

4. FEI Number **59-2966308**

Applied For  
 Not Applicable

Zip  
**32765**

Country

Zip

Country

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

**ROBINSON, JOHN D., ESQ.**  
**200 E ROBINSON ST**  
**SUITE 1020**  
**ORLANDO FL 32802**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
**D**  
**WARBLE, RONALD D.**  
**140 ALEXANDRIA BLVD STE H**  
**OVIEDO FL 32765**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PDST**  
**WAYNE LELAND**  
**140 ALEXANDRIA BLVD STE H**  
**OVIEDO FL 32789**

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

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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: **SIG. REQUIRED**  
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/29/00** **407/949-3100**  
 Date Daytime Phone #

CR2E034 (5/00)