

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00518**

1. Entity Name

ACCESS MANAGEMENT SERVICES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90041 029 ***150.00

Principal Place of Business

**140 ALEXANDRIA BLVD
STE H
OVIEDO FL 32765
US**

Mailing Address

**140 ALEXANDRIA BLVD
STE H
OVIEDO FL 32765
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2966308**

Added For
Not Applicable

5. Certificate of Status Des rec ☐ **\$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

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 date of filing

(NOTE: Registered Agent's signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE DOWN: FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
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 2001

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WARBLE, RONALD D. 140 ALEXANDRIA BLVD STE H OVIEDO FL 32765	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PDST WAYNE LELAND 140 ALEXANDRIA BLVD STE H OVIEDO FL 32789	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-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)(c), 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 697, 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 I am empowered.

14. SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald D Warble **Ronald D Warble** 4/24/01 407-949-3100

CH2E036 (10-00)