## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am<sup>3</sup> Secretary of State **DOCUMENT # L50204** 1. Entity Name ACCESS INVESTIGATIONS & PROCESS SERVICE, INC. 05-17-2001 91357 048 \*\*\*150.00 Principal Place of Business Mailing Address 751 GRENADA ST. 751 GRENADA ST. PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0169203 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANDLER, JAMES Street Address (P.O. Box Number is Not Acceptable) 751 GRENADA ST. PORT ST. LUCIE FL 34983 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition CHANDLER, JAMES NAME STREET ADDRESS 751 GRENADA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL ☐ Delete TITLE Change CHANDLER, NATHALIE CHATEAU, NATHALIE NAME STREET ADDRESS 751 NW GRENADA ST STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP PORT SAINT LUCIE FL 34983 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ Delete

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

CR2E034 (10/00)