

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L68704

1. Entity Name

AGENCY MARKET ACCESS CORPORATION

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90047 022 ***150.00

Principal Place of Business

Mailing Address

~~2125 FIRST STREET~~

~~#101~~

~~FORT MYERS FL 33901~~

~~2125 FIRST STREET~~

~~#101~~

~~FORT MYERS FL 33901-3001~~

2. Principal Place of Business

5245 BIG PINE WAY, #103

Suite, Apt. #, etc.

#103

CITY & STATE
FORT MYERS, FL

Zip
33907

Country
USA

3. Mailing Address

5245 BIG PINE WAY, #103

Suite, Apt. #, etc.

#103

CITY & STATE
FORT MYERS, FL

Zip
33907

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0203798

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

SITKINS, ROGER H.

~~2125 FIRST STREET~~

~~#101~~

~~FORT MYERS FL 33901~~

Name

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

5245 BIG PINE WAY, #103

City

FORT MYERS

FL

Zip Code

33907

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

3/14/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME MARTIN-VEGUE, DEREK

STREET ADDRESS 5800 OVERSEAS HWY

CITY-ST-ZIP MARATHON FL

TITLE ☐ Delete

NAME WILES, DOUGLAS

STREET ADDRESS PONCE DE LEON BLVD.

CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☐ Delete

NAME JONES, TOM

STREET ADDRESS 1780 N KROME AVE.

CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ Delete

NAME CAHILL, JANE

STREET ADDRESS ~~2125 FIRST STREET~~

CITY-ST-ZIP ~~FORT MYERS FL 33901~~

TITLE ☐ Delete

NAME BROWN, RICHARD

STREET ADDRESS 202 SEABREEZE BLVD.

CITY-ST-ZIP DAYTONA BCH FL

TITLE ☐ Delete

NAME SITKINS, ROGER H.

STREET ADDRESS ~~2125 FIRST STREET~~

CITY-ST-ZIP ~~FORT MYERS FL 33901~~

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5245 BIG PINE WAY, #103
FORT MYERS FL 33907

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5245 BIG PINE WAY, #103
FORT MYERS FL 33907

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 #

3/14/00

941 3372555