

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L68704**

1. Entity Name

AGENCY MARKET ACCESS CORPORATION**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90446 036 ***150.00

817865

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5245 BIG PINE WAY # 103
FORT MYERS FL 33907**5245 BIG PINE WAY # 103**
~~#101~~
FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 103

City & State

City & State

FORT MYERS FL4. FEI Number **65-0203798**

Applied For

Not Applicable

Zip

Country

Zip

Country

33907**USA**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.
5245 BIG PINE WAY # 103
FORT MYERS FL 33907

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D**
STREET ADDRESS **MARTIN-VEGUE, DEREK**
CITY-ST-ZIP **5800 OVERSEAS HWY**
MARATHON FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **P**
STREET ADDRESS **WILES, DOUGLAS**
CITY-ST-ZIP **PONCE DE LEON BLVD.**
ST AUGUSTINE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP**
STREET ADDRESS **JONES, TOM**
CITY-ST-ZIP **1780 N KROME AVE.**
HOMESTEAD FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **S**
STREET ADDRESS **CAHILL, JANE**
CITY-ST-ZIP **5245 BIG PINE WAY #103**
FORT MYERS FL 33907TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BROWN, RICHARD**
CITY-ST-ZIP **202 SEABREEZE BLVD.**
DAYTONA BCH FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **CEO**
STREET ADDRESS **SITKINS, ROGER H.**
CITY-ST-ZIP **5245 BIG PINE WAY #103**
FORT MYERS FL 33907TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

ROGER H. SITKINS **3/16/01** **941 3372555**

Date

Daytime Phone #

CR2E034 (10/00)