

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90104 020 ***150.00

DOCUMENT # L79683

1. Entity Name
ACXESS SERVICES, INC.

Principal Place of Business

**309 LAGRANGE AVE.
P.O. BOX 6528
TITUSVILLE FL 32782-6528
US**

Mailing Address

**309 LAGRANGE AVE.
P.O. BOX 6528
TITUSVILLE FL 32782-6528
US**

2. Principal Place of Business

**3614 TODD LN
Suite, Apt. #, etc.**

3. Mailing Address

**3614 TODD LN
Suite, Apt. #, etc.**

City & State
MIMS FL

Zip
32754

Country
USA

City & State
MIMS FL

Zip
32754

Country
USA

4. FEI Number
59-3011922

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TERRY NIX
3614 TODD LN
MIMS FL 32754**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **P** ☐ Delete
NAME **NIX, TERRY L.**
STREET ADDRESS **309 LAGRANGE AVE.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **VP** ☒ Delete
NAME **GELL, KIMBERLY**
STREET ADDRESS **3401 TARRAGON ST.**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **S** ☒ Delete
NAME **GELL, KIMBERLY**
STREET ADDRESS **3401 TARRAGLN STREET**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VP** ☒ Change ☐ Addition
NAME **NIX, DEBORAH**
STREET ADDRESS **3614 TODD LN**
CITY-ST-ZIP **MIMS, FL 32754**

TITLE **SAC** ☒ Change ☐ Addition
NAME **NIX, DEBORAH**
STREET ADDRESS **3614 TODD LN**
CITY-ST-ZIP **MIMS, FL 32754**

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

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:

TERRY L. NIX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)