

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

200  
**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
04-22-2002 90243 024 \*\*\*\*50.00

DOCUMENT # 100000000431

1. Entity Name

ACCESS 2 REAL ESTATE.COM LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20 Colonial DR

Suite, Apt. #, etc.

DANBURY CT

City & State

06811

Country

3. Mailing Address

PO Box 2868

Suite, Apt. #, etc.

DANBURY CT

City & State

06813

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1557094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas Scott

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

634 Main Street DR

SEBASTIAN

FL

06832958

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MANAGER  
Thomas F. Scott  
Box 2868  
DANBURY CT 06813

TITLE  
NAME  
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CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)