

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90054 046 ****50.00

DOCUMENT # M01000001401

1. Entity Name

@CCESS, LLC

Principal Place of Business

3959 VAN DYKE RD STE 202
 LUTZ FL 33549-8025

Mailing Address

3959 VAN DYKE RD STE 202
 LUTZ FL 33549-8025

2. Principal Place of Business

2495 Enterprise Road

Suite, Apt. #, etc.

Suite 201

City & State

Clearwater, FL

Zip

33763

Country

Pinellas

3. Mailing Address

2495 Enterprise Road

Suite, Apt. #, etc.

Suite 201

City & State

Clearwater, FL

Zip

33763-1795

Country

Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3720239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHERRILL, DEREK T
 18418 ORIOLE STREET
 LUTZ FL 33549

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME SHERRILL, DEREK T
 STREET ADDRESS 18418 ORIOLE ST
 CITY-ST-ZIP LUTZ FL

☐ Delete

TITLE MGR
 NAME SCHUMACHER JR, VIC
 STREET ADDRESS 404 OLD MILL POND RD.
 CITY-ST-ZIP PALM HARBOR FL

☒ Delete

TITLE
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 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

I 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 in 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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Signature of Derek T. Sherrill
 SIGNED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

727-725-0400
 1-15-02
 DATE

Daytime Phone #

CR2E083 (9/01)