

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90781 036 ***150.00

DOCUMENT # P00000002428

1. Entity Name
ACCESS INGREDIENTS, INC.

Principal Place of Business
7181 COLLEGE PKWY., SUITE 30
FT. MYERS FL 33907

Mailing Address
7181 COLLEGE PKWY., SUITE 30
FT. MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0968774

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

~~CRISTALDA, STEVEN C~~
~~2032 SE 28TH TERR.~~
~~CAPE CORAL FL 33907~~

Name **MELINDA C. CLAUSEN**

Street Address (P.O. Box Number is Not Acceptable) **16316 SAN CARLOS BLVD. #1**

City **Fort. MYERS** **FL** Zip Code **33908**

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 **MELINDA C. CLAUSEN** *Melinda C Clausen* **3/15/02**
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ARENDS, SIDNEY L**
 STREET ADDRESS **5109 SE CORONADO PKWY 307**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **ARENDS, SIDNEY L**
 STREET ADDRESS **5109 SE CORONADO PKWY 207**
 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Sidney L. Arends* **Sidney L. Arends**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01 **941-945-0529**
 Date Daytime Phone #

CR2E034 (9/01)