

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2003 8:00 am
Secretary of State

07-02-2003 90009 043 ***150.00

DOCUMENT # P00000022601

1. Entity Name

AXCESS UNLIMITED PRIVATE INVESTIGATIONS INC.



Principal Place of Business

P. O. BOX 1421

INVERNESS FL 34451-1421

Mailing Address

P. O. BOX 1421

INVERNESS FL 34451-1421

2. Principal Place of Business

1022 Russell Ave

3. Mailing Address

P.O. Box 1421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inverness, FL

City & State

Inverness FL

Zip

34453

Country

US

Zip

Country

US

4. FEI Number

59-3630179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLOWERS, DARYL G II
1022 RUSSELL AVENUE
INVERNESS FL 34453**

7. Name and Address of New Registered Agent

Name **Daryl G Flowers**

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

1022 Russell Ave.

City

Inverness

FL

Zip Code

34453

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FLOWERS, DARYL G II**
STREET ADDRESS **1022 RUSSELL AVE.**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

727-724-3160
Daytime Phone #

CR2E034 (10/02)