2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM P00000031758 DOCUMENT # Entity Name **Secretary of State** ACCESS ENVIRONMENTAL ASSOCIATES, INC. Principal Place of Business Mailing Address 3179 SWEETWATER OAKS DRIVE NORTH 3179 SWEETWATER OAKS DRIVE NORTH JACKSONVILLE JACKSONVILLE FL 32223 32223 2. Principal Place of Business 3. Mailing Address 4239 SUNBEAM ROAD 4239 SUNBEAM ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 4 SUITE 4 City & State City & State 4. FEI Number Applied For JACKSONVILLE FL JACKSONVILLE 59-3636732 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32257 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AKEL DANIEL ONE INDEPENDENT DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 2301** JACKSONVILLE FL32202 US 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 04/30/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME NAPIER ELIZABETH NAME NAPIER CHANDA 3179 SWEETWATER OAKS DRIVE NORTH STREET ADDRESS STREET ADDRESS 11503 PINE FOREST CT CITY-ST-ZIP JACKSONVILLE. FL 32223 CITY-ST-ZIP JACKSONVILLE 32223 D ☐ Delete TITLE X Change NAME NAPIER JONATHAN NAME NAPIER JONATHAN STREET ADDRESS 3179 SWEETWATER OAKS DRIVE NORTH STREET ADDRESS 11503 PINE FOREST CT. CITY-ST-ZIP JACKSONVILLE 32223 CITY-ST-ZIP JACKSONVILLE FL32223 Delete TITLE X Change ☐ Addition FAUST CHANDA NAME ELIZABETH FAUST STREET ADDRESS 3179 SWEETWATER OAKS DRIVE NORTH STREET ADDRESS 9350 ZAMBITO ROAD NORTH CITY-ST-ZIP JACKSONVILLE 32223 CITY-ST-ZIP JACKSONVILLE FL. 32210 TITLE ☐ Delete TITLE Change ☐ Addition NAME FALIST EARL. 3179 SWEETWATER OAKS DRIVE NORTH STREET ADDRESS STREET ADDRESS 9350 ZAMBITO ROAD NORTH CITY-ST-ZIP JACKSONVILLE 32223 CITY-ST-ZIP JACKSONVILLE 32210 FL. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/30/2001

Date

Daytime Phone #

SIGNATURE: _ Chanda Napier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR