

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90350 034 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000105483			
1. Entity Name ACCESSIBILITY DISABILITY CONSULTANTS INC.			
Principal Place of Business 7378 W. ATLANTIC BLVD #361 MARGATE, FLORIDA 33063		Mailing Address	
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE	
Suite, Apt. #, etc. #361		Suite, Apt. #, etc. #361	
City & State MARGATE, FL		City & State MARGATE, FL	
Zip 33063	Country USA	Zip 33063	Country USA
4. FEI Number 65-1057324		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUDITH A. SARRA 8073 NW 71 COURT TAMARAC, FLORIDA 33321		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 Judith A. Sarra		DATE 4/30/01	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	NAME JUDITH A. SARRA	TITLE	NAME
STREET ADDRESS 8073 NW 71 COURT	CITY - ST - ZIP TAMARAC, FLORIDA 33321	STREET ADDRESS	CITY - ST - ZIP
TITLE SECRETARY / TREASURER	NAME THOMAS J. RICCI	TITLE	NAME
STREET ADDRESS 6527 NW 1 STREET	CITY - ST - ZIP MARGATE, FLORIDA 33063	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	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: Judith A. Sarra, President		DATE 4/30/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-975-5702	