

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90086 022 ***150.00

0692319 AT

DOCUMENT # P01000013681

1. Entity Name
ACCESS CAPITAL INVESTMENTS, INC.

Principal Place of Business PO BOX 895772 LEESBURG FL 34789	Mailing Address PO BOX 895772 LEESBURG FL 34789
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11912 Layton St Suite, Apt. #, etc.	3. Mailing Address PO Box 895772 Suite, Apt. #, etc.
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City & State Leesburg, FL	City & State Leesburg, FL	4. FEI Number Taxpayer ID # 59-3704129	Applied For <input type="checkbox"/> Not Applicable
Zip 34788 Country USA	Zip 34749 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUHLER, CYNTHIA P 11912 LAYTON STREET LEESBURG FL 34788	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input checked="" type="checkbox"/>	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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUHLER, ALBERT P PO BOX 895772 LEESBURG FL 34789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P/ST Cynthia Buhler 11912 Layton St Leesburg, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Albert P. Buhler 11912 Layton St Leesburg, FL 34788
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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: *Albert P. Buhler* **352-343-7343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)