

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90108 046 \*\*\*150.00

**DOCUMENT # P01000044211**

**1. Entity Name**  
**ACCESS WELLNESS SERVICES, INC.**

**Principal Place of Business**  
**8001 N DALE MABRY HWY STE 501 R**  
**TAMPA FL 33614**

**Mailing Address**  
**PO BOX 271364**  
**TAMPA FL 33688**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**03-0405330**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ADERHOLD, THOMAS R**  
**8001 N DALE MABRY HWY STE 501 R**  
**TAMPA FL 33614**

Name

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

City

**FL**

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**

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** ☐  
 Trust Fund Contribution.

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	ADERHOLD, THOMAS R	
STREET ADDRESS	PO BOX 271364	
CITY-ST-ZIP	TAMPA FL 33688-1364	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AL-ANDARY, HAZEM	
STREET ADDRESS	8001 N DALE MABRY HWY STE 501 R	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CORNETT, JUDY	
STREET ADDRESS	8001 N DALE MABRY HWY STE 501 R	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	BOWLING, BARBARA	
STREET ADDRESS	PO BOX 271364	
CITY-ST-ZIP	TAMPA FL 33688-1364	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 803-931-0101

Date

Daytime Phone #

CR2E034 (9/01)