

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90201 008 ***150.00

DOCUMENT # P01000064244

1. Entity Name
AXXESS AMERICA, INC.

Principal Place of Business
**637 FIRST AVE N
 JACKSONVILLE BEACH FL 32250**

Mailing Address
**637 FIRST AVE N
 JACKSONVILLE BEACH FL 32250**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3731423

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOULD, STEPHEN A
 444 THRID STREET
 NEPTUNE BEACH FL 32266**

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
 NAME **D SMITH, MICHAEL L** ☐ Delete
 STREET ADDRESS **637 FIRST AVE N**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE
 NAME **Chief Operating Officer** ☐ Change ☒ Addition
 STREET ADDRESS **James Smith**
 CITY-ST-ZIP **5334 Pond View Dr.
 Jacksonville, FL 32258**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **Robert Nightingale** ☐ Change ☒ Addition
 STREET ADDRESS **Vice President**
 CITY-ST-ZIP **1520 Sawgrass Village Dr., PMB #351
 Ponte Vedra Bch, FL 32082**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **Chief Financial Officer** ☐ Change ☒ Addition
 STREET ADDRESS **Shannon C. Mabry**
 CITY-ST-ZIP **1652 Coquina Pl
 Atlantic Bch, FL 32233**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **Secretary/Treasurer** ☐ Change ☒ Addition
 STREET ADDRESS **Shannon C. Mabry**
 CITY-ST-ZIP **1652 Coquina Pl
 Atlantic Bch, FL 32233**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

Michael L Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)