## 2003 FOR PROFIT CORPORATION

## Jan 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P02000094094 DOCUMENT # 01-31-2003 90383 030 \*\*\*150.00 1. Entity Name ALL ACCESS MARKETING, INC. Principal Place of Business Mailing Address 1551 ATLANTIC BLVD. 2504 PINERIDGE RD. 1ST FLOOR JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TO CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 05-05 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEDWELL, ROBIN C MS. Street Address (P.O. Box Number is Not Acceptable) 1750 ORLANDO CIR. N JACKSONVILLE FL 32207 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Detete TITLE **\$UCKMAN, SUSAN M MS.** NAME STREET ADDRESS 2504 PINERIDGE RD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME CHANDLER COREY A MR. NAME STREET ADDRESS 2504 PINERIDGE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP jaoksonville-el 32207 TITLE ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

☐ Delete

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

CJTY-ST-7IP

TITLE

NAME

**FILED** 

☐ Change

☐ Addition

CR2E034 (10/02)