FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90913 001 ***300.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55037419

DOCUMENT # P02000128343

1. Entity Name
ACCESS - P.T., INC.

Principal Place of Business	Mailing Address
6521 POLK STREET NEW PORT RICHEY, FL 34653 US	6521 POLK STREET NEW PORT RICHEY, FL 34653 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8731 Martinique Ln		6105 Main Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Port Richey, FL		City & State: New Port Richey FL	
Zip: 34668	Country: Pasco	Zip: 34653	Country: Pasco

4. FEI Number: 57-1144885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKLIDGE, RAYMOND M ESQ
28810 FALLING LEAVES WAY
WESLEY CHAPEL, FL 33543

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 8731 Martinique Lane

City: Port Richey FL Zip Code: 34668

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OUANO, MAY A 6521 POLK STREET NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8731 Martinique Lane Port Richey, FL 34668	☒ Change ☐ Addition
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CR2E034 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: May A. Ouano [signature] 4/30/03 727-815-3395

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