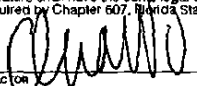


FILED
May 05, 2003 8:00 am
Secretary of State

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 6521 POLK STREET NEW PORT RICHEY, FL 34653 US		Mailing Address 6521 POLK STREET NEW PORT RICHEY, FL 34653 US	
2. Principal Place of Business 8731 Martinique Ln Suite, Apt. #, etc.		3. Mailing Address 6105 Main Street Suite, Apt. #, etc.	
City & State Port Richey, FL		City & State New Port Richey, FL	
Zip 34668		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 8731 Martinique Lane Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when substituting) DATE			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 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			
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 information.			
SIGNATURE: May A. Ouano  4/30/03 727-815-3395			