


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90065 019 \*\*\*150.00

<b>DOCUMENT #</b> <i>P03000130068</i>	
1. Entity Name <b>ACCESS GOLFSTREAM INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**54029782**

2. Principal Place of Business <b>141 N.W 20th STREET</b>		3. Mailing Address <b>10215 SLEEPY BROOK WAY</b>	
Suite, Apt. #, etc. <b>SUITE G 104</b>		Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FLORIDA</b>		City & State <b>BOCA RATON, FLORIDA</b>	
Zip <b>33431</b>	Country <b>USA</b>	Zip <b>33428</b>	Country <b>USA</b>
4. FEI Number <b>20-0418355</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

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

Name <b>Spiegel &amp; Utrera, P.A.</b>
Street Address (P.O. Box Number is Not Acceptable)
<b>1840 Coral Way, 4th Floor</b>
City <b>MIAMI</b>
FL Zip Code <b>33245-0605</b>

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 title if applicable.

(NOTE: Registered Agent signature required when restateing)

DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MICHAEL S. RICHARDS same as above</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY MICHAEL S. RICHARDS same as above</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER MICHAEL S. RICHARDS same as above</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL S. RICHARDS**

**04.06.04 - 561-483-7700**

Date

Daytime Phone #

CR2E034B (12/02)