2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000035864 DOCUMENT

1. Entity Name

ACCÉSS MORTGAGE CORPORATION

i	GOO WE THE

FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90078 020 ***150.00

Principal Place of Business 11 RACE TRACK RD NE G FORT WALTON BEACH FL 32547		Mailing Address 11 RACE TRACK RD NE G FORT WALTON BEACH FL 32547						
2. Principal Place	e of Business	3. Mailing Address						
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number NOT APPLICABLE Applied Not Ap	d For plicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addition Fee Required	ıal			
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301 8. The above named entity supriles this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 11								
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. Added to Fees								
STREET ADDRESS 10	OFFICERS AND I ROWN, ROBERT JR. DOI SHALIMAR PT DRIVE HALIMAR FL 32579	□ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition S			
TITLE S L/S NAME L/STREET ADDRESS 1	AWRENCE, KAREN 1 RACETRACK RD NE BLDG G ORT WALTON BEACH FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition			
STREET ADDRESS 10	OBERT L. BROWN 004 SHALIMAR PT DR HALIMAR FL 32579	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition			
STREET ADDRESS 58	P AROLE L. SIMPSON 352 WARD RANCH RD RESTVIEW FL 32536	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change [] Addition			
NAME BI STREET ADDRESS 2	vp Renda n. Sluschewski 550 Erwin Fleet RD Halimar Fl 32579	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐] Addition			
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition			
12. I hereby certify that the information supplied with his filling 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 the 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 impowered to recute 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, when the proposer of the corporation of the receiver or trustee impowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date								