

5/18

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-18-2001 91583 019 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055360

1. Entity Name

AXXESS HR I, INC.

Principal Place of Business

Mailing Address

40 NORTH OSPREY AVENUE 40 NORTH OSPREY AVENUE
 SUITE D SUITE D
 SARASOTA, FL 34236 SARASOTA, FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3193347

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHEN M. MUSCO
 40 NORTH OSPREY AVENUE
 SUITE D
 SARASOTA, FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER STEPHEN M. MUSCO 4350 WEST CYPRESS TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/TREASURER 40 N. OSPREY AVENUE, STE D SARASOTA, FL 34236	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN, DIRECTOR BENJAMIN M. HERN 40 N. OSPREY AVENUE, STE D SARASOTA, FL 34236	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN M. MUSCO

4/30/01 941 953-7099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #