## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000069134 1. Entity Name 03-22-2002 90027 044 \*\*\*150.00 ACCESS UNLIMITED OF VENICE, INC. Principal Place of Business Mailing Address 5550 BEE RIDGE RD 840 THE RIALTO VENICE FL 34285 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number arasota, +1 65-0614705 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JANDA, FRANK Street Address (P.O. Box Number is Not Acceptable) 5550 BEE RIDGE RD. SARASOTA FL 34233 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition | D NAME NAME Janda, Frank STREET ADDRESS STREET ADDRESS 5550 BEE RIDGE RD. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete NAME JANDA, JOAN M STREET ADDRESS STREET ADDRESS 5550 BEE RIDGE RD. CITY-ST-ZIP CiTY-ST-ZIP SARASOTA FL 34233 ☐ Delete TITLE TITLE □ Change ☐ Addition Janda, James K STREET ADDRESS 5550 BEE RIDGE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete TITLE ☐ Change ☐ Addition NAME EMIGH, GEORGE NAME STREET ADDRESS STREET ADDRESS 840 THE RIALTO CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Mar 22, 2002 8:00 am Secretary of State

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: