

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062731

1. Entity Name

ACCESS CONSTRUCTION TEAM, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90047 022 ***158.75

Principal Place of Business

Mailing Address

2306 GREENHILLS DRIVE
VALRICO FL 33594

2306 GREENHILLS DRIVE
VALRICO FL 33594-5216

LU060473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4319 E. 7th Avenue

Suite, Apt. #, etc.

3. Mailing Address

1034 Royal Pass Rd.

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa, FL

Zip

33605

Country

USA

Zip

33602

Country

USA

4. FEI Number

59-3400966

Applied For

Not Applicable

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

HOLCOMB, VICTOR W
415 SO HYDE PARK AVENUE
TAMPA FL 33606

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, 2000 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 D
NAME GAMBLE, DEAN
STREET ADDRESS 1034 ROYAL PASS RD
CITY-ST-ZIP TAMPA FL 33602

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME GAMBLE, JULIE
STREET ADDRESS 1034 ROYAL PASS RD
CITY-ST-ZIP TAMPA FL 33602

☐ 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

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption s
indicated on this report or supplemental report is true and accurate and that my signature shall
of the corporation or the receiver or trustee empowered to execute this report as required by C
changed, or on an attachment with an address, with all other like empowered.

information
or director
Block 12 if

SIGNATURE:

Victor W. Holcomb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pay 158.75
\$150.00 license
\$8.75 cert.
of
status

CR2E034 (9/99)