2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000086882**

2000 UNIFORM BUSINESS REPORT (UBR)					ТП	ED	
DOCUMENT # P96000086882 1. Entity Name					FILED Apr 22, 2000 8:00 am Secretary of State		
AMERIC	AN ACCESS TECHNOLOGIES	, INC.			Secretary 04-22-2000 9001		
Principal Plac	e of Business	Mailing Address			0122 2000 9001	120.00	
37 SKYLINE DR. SUITE 1101 LAKE MARY FL 32746 US		37 SKYLINE DR. SUITE 1101 LAKE MARY FL 32746-6249 US		7	- ì 25412451 (18 18169 51217 5517) 85171 88711 88711	n rðirð afnar íðist íbnið fiði ísal	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SPACE	
City & State		City & State		4.	FEI Number 59-34 10234	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			
				Name			
PRESLEY, JOHN 37 SKYLINE DR.			Street	Street Address (P.O. Box Number is Not Acceptable)			
SUIT	TE 1101						
LAKE MARY FL 32746			City	City FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or registered ag	gent, or both, in the State of Florida.		
CICNATURE							
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	E: Registered Agent sign	nature required when r	reinstating) DAT	E	
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 Sta		\$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	ΑI	DDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 11	
TITLE	STD	X Delete	TITLE	CFO	+ Director	☐ Change 🔀 Addition 🧯	
NAME	FRAMPTON, CHARLES	•	NAME	Bobby	Y Story		
STREET ADDRESS	1522 ROYAL CIRCLE		STREET ADDRES	§ 164 68	Le Stob or		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	Long	1 32779		
TITLE	PD COUNT	☐ Delete	TITLE	I DILEC	<i>7</i> 70: , ,	☐ Change 🚨 Addition	
NAME STREET ADDRESS	PRESLEY, JOHN 6689 SHANDS RD.		NAME STREET ADDRES	6/89	Charle Rd		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656		CITY-ST-ZIP	العهر	Shards Rd, tone Heights, FL 32	456	
TITLE	V	X Delete	TITLE	DIR	ECTOR2	Change Addition	
NAME	KLINGENSMITH, PHILIP D	Delete	NAME	マハル	1 CARUEV	•	
STREET AODRESS	1950 SUNDALE ROAD		STREET ADDRES	s Sevil	le Beach Hotel 29010	שוא ציוום	
CITY-ST-ZIP	NORWICH OH 43767		CITY-ST-ZIP		mi Beach FL 33140		
TITLE	D	🔀 Delete	TITLE	DIRE	ECTOR (1000)	☐ Change Addition	
NAME	STEINBERG, ELLIOT G		NAME	osca	r de la Guardia		
STREET ADDRESS	100 W. COLORADO AVE.		STREET ADDRES	1525	trillo Ave. 3314		
CITY-ST-ZIP	TELLURIDE CO 81435	,J.	CITY-ST-ZIP	$+$ $\cos \omega$	1 6ables, FL 33146	Change Addition	
TITLE NAME	D Snyder, David	🔀 Delete	TITLE NAME			☐ Change ☐ Addition	

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: __

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

77 W. WACKER DRIVE

CHICAGO IL 60601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

☐ Delete

4/17/00 Date

☐ 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)(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.