

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90024 047 ***150.00

DOCUMENT # P96000086882

1. Entity Name

AMERICAN ACCESS TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

**37 SKYLINE DR.
SUITE 1101
LAKE MARY FL 32746
US**

**37 SKYLINE DR.
SUITE 1101
LAKE MARY FL 32746
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3410234

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

**PRESLEY, JOHN
37 SKYLINE DR.
SUITE 1101
LAKE MARY FL 32746**

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	STD	<input checked="" type="checkbox"/> Delete
NAME	FRAMPTON, CHARLES	
STREET ADDRESS	1522 ROYAL CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRESLEY, JOHN	
STREET ADDRESS	6689 SHANDS RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KLINGENSMITH, PHILIP D	
STREET ADDRESS	1950 SUNDALE ROAD	
CITY-ST-ZIP	NORWICH OH 43767	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINBERG, ELLIOT G	
STREET ADDRESS	100 W. COLORADO AVE.	
CITY-ST-ZIP	TELLURIDE CO 81435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, DAVID	
STREET ADDRESS	77 W. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH. MCGUIRE	
STREET ADDRESS	37 Skyline Dr. #1101	
CITY-ST-ZIP	Lake Mary, FL 33746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIK WILSANEN	
STREET ADDRESS	6689 SHANDS RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN ROBINSON	
STREET ADDRESS	1401 HORIZON CT.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM HADAWAY	
STREET ADDRESS	238 N. Westmonte St. #265	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 352-473-4984

CR2E034 (10/00)