

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90167 028 \*\*\*150.00

**DOCUMENT # P96000086882**

1. Entity Name  
**AMERICAN ACCESS TECHNOLOGIES, INC.**



Principal Place of Business

37 SKYLINE DR.  
SUITE 1101  
LAKE MARY FL 32746  
US

Mailing Address

37 SKYLINE DR.  
SUITE 1101  
LAKE MARY FL 32746  
US

2. Principal Place of Business

**6670 SPRINGLAKE ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**6670 SPRINGLAKE ROAD**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**KEYSTONE HEIGHTS, FL**

Zip

**32656**

Country

**USA**

City & State

**KEYSTONE HEIGHTS, FL**

Zip

**32656**

Country

**USA**

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

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

*address  
change  
ONLY*

7. Name and Address of New Registered Agent

Name

**PRESLEY, JOHN**

**- SAME**

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

**6670 SPRINGLAKE ROAD**

City

**KEYSTONE HEIGHTS**

FL

Zip Code

**32656**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete  
NAME **MCGUIRE, JOSEPH**  
STREET ADDRESS **37 SKYLINE DRIVE #1101**  
CITY-ST-ZIP **LAKE MARY FL 33746**

TITLE **PD** ☐ Delete  
NAME **PRESLEY, JOHN**  
STREET ADDRESS **6689 SHANDS RD.**  
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **D** ☐ Delete  
NAME **WILSANEN, ERIK**  
STREET ADDRESS **6689 SHANDS ROAD**  
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **D** ☒ Delete  
NAME **ROBINSON, STEVEN**  
STREET ADDRESS **1401 HORIZIN COURT**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☒ Delete  
NAME **HADAWAY, WILLIAM**  
STREET ADDRESS **238 N WESTMONTE STE 265**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6670 SPRINGLAKE ROAD**  
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **LAMAR NASH**  
STREET ADDRESS **6670 SPRING LAKE ROAD**  
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JERRY BOYD**  
STREET ADDRESS **6670 SPRINGLAKE ROAD**  
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR**

**1/17/03**

Date

**352-473-4984**

Daytime Phone #

CR02034 (10/02)