

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90131 012 \*\*\*150.00

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**DOCUMENT # P97000002287**

1. Entity Name  
**ACCESS LEGAL INSURANCE, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>1749 NE 26TH ST<br/>                 SUITE F<br/>                 FORT LAUDERDALE FL 33305<br/>                 US</b> | Mailing Address<br><b>1749 NE 26TH ST<br/>                 SUITE F<br/>                 FORT LAUDERDALE FL 33305<br/>                 US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |              |                     |              |   |  |
|--------------------------------|--------------|---------------------|--------------|---|--|
| 2. Principal Place of Business |              | 3. Mailing Address  |              | 4. FEI Number<br><b>59-3455152</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            |              | Suite, Apt. #, etc. |              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| City & State                   | City & State | City & State        | City & State |   |  |
| Zip                            | Country      | Zip                 | Country      |   |  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>WARDELL, PHILLIP<br/>                 1749 NE 26 TH ST SUITE F<br/>                 FORT LAUDERDALE FL 33305</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00<br/>                 After May 1, 2002 Fee will be \$550.00<br/>                 Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WARDELL, JAMES A<br/>400 N TAMPA ST STE 2950<br/>TAMPA FL 33602</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>Mary Ann Wardell<br/>1749 NE 26 street<br/>Ft. Lauderdale, FL 33305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>WARDELL, PHILLIP<br/>1749 NE 26ST SUITE F<br/>FORT LAUDERDALE FL 33305</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>Ronald Wardell<br/>1749 NE 26 str.<br/>Ft. Lauderdale, FL 33305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>John P. Seiler<br/>2900 E. Oakland PK Blvd.<br/>Ft. Lauderdale, FL 33306</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>Harry Wardell<br/>1749 NE 26 str.<br/>Ft Lauderdale, FL 33305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>Richard J. Zaden<br/>1749 NE 26 str.<br/>Ft. Lauderdale, FL 33305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** **4/17/02** **954-565-4666**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)