

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90223 037 ***150.00

DOCUMENT # P97000049444

1. Entity Name

ACCESS MARKETING AND PRINTING SERVICES, INC.

Principal Place of Business

Mailing Address

323 ARLINGTON RD. N
~~STE 168~~ ← *Delete*
JACKSONVILLE FL 32211
US

323 ARLINGTON RD. N
~~STE 168~~ ← *Delete*
JACKSONVILLE FL 32211
US

2. Principal Place of Business

3. Mailing Address

323 Arlington Rd. N.
 Suite, Apt. #, etc. **"168"**
Delete

323 Arlington Rd. N.
 Suite, Apt. #, etc. **"168"**
Delete

City & State
Jacksonville FL 32211

City & State
Jacksonville FL

Zip Country
32211 USA

Zip Country
32211

4. FEI Number **59-3452109**

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

WEBSTER, CHRISTOPHER A
2133 OSPREY POINT DRIVE WEST
JACKSONVILLE FL 32224

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 **P** ☐ Delete
 NAME **WEBSTER, CHRISTOPHER A**
 STREET ADDRESS **2133 OSPREY POINT DR WEST**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **ST** ☐ Delete
 NAME **WEBSTER, LAURIE E**
 STREET ADDRESS **2133 OSPREY POINT DR WEST**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Christopher A. Webster* **Christopher A. Webster** 1/24/01 904-727-0077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)