FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91528 030 ***158.75

DOCUMENT # P98000024420

1. Entity Name
AccessCapital, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4800 N. Federal Hwy	P.O. Box 218
Suite, Apt. #, etc. Suite 300 A	Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State Dania FL
Zip 33431 Country US	Zip 33004 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0931807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of ~~Current~~ New Registered Agent**
Name Alfred Reeves
Street Address (P.O. Box Number is Not Acceptable) 1815 N. Surf Rd #500
City Hollywood **FL** Zip Code 33019

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] Alfred Reeves President 4/23/2002
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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Director ☒ Delete	TITLE	
NAME	Anthony Rosamilia Jr	NAME	
STREET ADDRESS	3840 W Hillsboro Blvd #219	STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach FL 33442	CITY-ST-ZIP	
TITLE	Director ☒ Delete	TITLE	
NAME	Robert Nittollo	NAME	
STREET ADDRESS	7522 Greenville Circle	STREET ADDRESS	
CITY-ST-ZIP	Lake Worth FL 33437	CITY-ST-ZIP	
TITLE	Director New	TITLE	**DO NOT WRITE IN THIS SPACE**
NAME	Roger D. Shearer	NAME	
STREET ADDRESS	30 Corporate Woods Blvd 2nd FL	STREET ADDRESS	
CITY-ST-ZIP	Albany NY 12211	CITY-ST-ZIP	
TITLE	Alfred Reeves New	TITLE	
NAME	President + Treasurer	NAME	
STREET ADDRESS	1815 N. Surf Rd #500	STREET ADDRESS	
CITY-ST-ZIP	Hollywood FL 33019	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Alfred Reeves President 4/23/02 954-258-5341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #