

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000029693**

1. Entity Name
ACCESS LIMITED, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90329 048 ***150.00

Principal Place of Business 5050-5 SUNBEAM ROAD JACKSONVILLE FL 32257		Mailing Address 5050-5 SUNBEAM ROAD JACKSONVILLE FL 32257	
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 **59-3482556** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUCKNER, DARIN
5050-5 SUNBEAM ROAD
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number's Not Acceptable)	
City	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 state if applicable) (NOTE: Registered Agent signature required when re-registering) 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 '01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCKNER, DARIN 8105 FRESCA STREET JACKSONVILLE FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALTHER, CHARLES R 8104 FRESCA STREET JACKSONVILLE FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUCKNER, CHRISTINA 8105 FRESNA STREET JACKSONVILLE FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Christina Buckner* **CHRISTINA BUCKNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 **(904) 262-4659**
Date Daytime Phone

CR2E034 (10/00)