

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90138 043 ***150.00

DOCUMENT # P98000029693

1. Entity Name
ACCESS LIMITED, INC.



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

4. FEI Number **59-3482556**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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 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. 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 **DP** ☐ Delete
NAME **BUCKNER, DARIN**
STREET ADDRESS **2949 CHRISTOPHER CREEK ROAD N.**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **DV** ☐ Delete
NAME **WALTHER, CHARLES R**
STREET ADDRESS **8104 FRESCA STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **STD** ☐ Delete
NAME **BUCKNER, CHRISTINA**
STREET ADDRESS **2949 CHRISTOPHER CREEK RD. N.**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **Christina Buckner**
STREET ADDRESS **2949 Christopher Creek Rd. N.**
CITY-ST-ZIP **Jacksonville, FL 32217**
Director / Secretary

TITLE ☐ Change ☒ Addition
NAME **Robby Arnold**
STREET ADDRESS **2536 Central Park, Apt. 1434**
CITY-ST-ZIP **Bedford TX 76022**
Director / Treasurer

TITLE ☐ Change ☒ Addition
NAME **Del Ferguson**
STREET ADDRESS **P.O. Box 1260**
CITY-ST-ZIP **Pooler, GA 31322**
Director / Vice-Pres.

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: *Christina Buckner* **Christina Buckner** **4-22-03** **(904) 262-4659**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)