

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087408

1. Entity Name

ACCESS BY DESIGN, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90078 028 ***150.00

Principal Place of Business

Mailing Address

6467 CENTRAL AVE.
ST. PETERSBURG FL 33710

6467 CENTRAL AVE.
ST. PETERSBURG FL 33710-8411

2. Principal Place of Business

6465 Central Avenue

3. Mailing Address

6465 Central Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3536671

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCCUNE, VINCENT
2390 67TH AVE. SOUTH
ST. PETERSBURG FL 33710

Name

VINCENT MCCUNE

Street Address (P.O. Box Number is Not Acceptable)

6024 6TH AVE N.

City

ST. PETERSBURG

FL

Zip Code

33710

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

Vincent A. McCune

VINCENT A. MCCUNE, PRES

7/11/2000

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MCCUNE, VINCENT
2390 67TH AVE SOUTH
ST. PETERSBURG FL 33712

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P.O.
MCCUNE VINCENT
6024 6TH AVE N
ST. PETE FL 33710

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S.T.D.
Reyes M. Esca
4767 26th Ave. N.
St. Petersburg FL 33713

☐ 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

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 or other like empowered.

SIGNATURE:

Vincent A. McCune

Vincent McCune

(727) 345-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)