

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002875

1. Entity Name

ACCESS HEALTHCARE AND EDUCATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90038 008 ***150.00

Principal Place of Business

Mailing Address

13337 4TH ST. S.E.
FT. MYERS FL 33905

13337 4TH ST. S.E.
FT. MYERS FL 33905-2015

2. Principal Place of Business

14801 Palm Beach Blvd.

3. Mailing Address

14801 Palm Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

Fort Myers, Fla.

City & State

Fort Myers, Fla.

Zip

33905

Country

USA

Zip

33905

Country

USA

4. FEI Number

65-0894794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, CATHY
13337 4TH ST. S.E.
FT. MYERS FL 33905

7. Name and Address of New Registered Agent

Name

TROY KILPATRICK

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

13337 4th Street

City

Fort Myers

FL

Zip Code

33905

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

Troy Kilpatrick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-00

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

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

TITLE ☐ Delete
NAME Catherine H. Robinson
STREET ADDRESS 13337 4th St, SE
CITY-ST-ZIP Ft. Myers, Fla. 33905

TITLE ☐ Delete
NAME Vice President / Secretary
STREET ADDRESS TROY W. KILPATRICK
CITY-ST-ZIP 13337 4th St, SE
Ft Myers, Fla 33905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
STREET ADDRESS
CITY-ST-ZIP

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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:

Troy Kilpatrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00

Date

(941) 770-0609

Daytime Phone #

CR2E034 (9/99)