FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am P99000004807 DOCUMENT # **Secretary of State** 1. Entity Name 03-06-2002 90092 001 ***150.00 ACCESSIBLE SPACES, INC. Principal Place of Business Mailing Address 305 SW:127TH ST. 305 SW 127TH ST. NEWBERRY FL 32669 **NEWBERRY FL 32669** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3559346 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAWSON, JOHN Q III Street Address (P.O. Box Number is Not Acceptable) 305 SW 127TH ST. **NEWBERRY FL 32669** City Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE **PSD** Delete TITLE ☐ Change ☐ Addition NAME DAWSON, JOHN Q III NAME STREET ADDRESS STREET ADDRESS 305 SW 127TH ST. CITY-ST-ZIE **NEWBERRY FL 32669** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME DAWSON, JESSICA R NAME STREET ADDRESS STREET ADDRESS 305 SW 127TH ST. CITY-ST-ZIP CITY-ST-ZIP **NEWBERRY FL 32669** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

changed, or on an attachment

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 received or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if