

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006148

1. Entity Name

CODE ACCESS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90430 014 \*\*\*158.75

Principal Place of Business

9270 BAY PLZA BLVD. SUITE 609  
TAMPA FL 33619

Mailing Address

9270 BAY PLZA BLVD. SUITE 609  
TAMPA FL 33619-4450

2. Principal Place of Business

1911 U. S. HWY 301 NORTH

3. Mailing Address

1911 U. S. HWY 301 NORTH

Suite, Apt. #, etc.

SUITE 480

Suite, Apt. #, etc.

SUITE 480

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33619

Country

USA

Zip

33619

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3560146

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKAY, WILLIAM

9270 BAY PLZA BLVD, SUITE 609  
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

WILLIAM MCKAY

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

1911 U. S. HWY 301 NORTH

SUITE 480

City

TAMPA

FL

Zip Code  
33619

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

*William McKay*

WILLIAM MCKAY, PRESIDENT

4/27/00

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

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

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 P-S-D  
STREET ADDRESS  
CITY-ST-ZIP  
WILLIAM MCKAY  
1911 U. S. HWY 301 NORTH, SUITE 480  
TAMPA, FL 33619

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

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

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:

*William McKay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

813-627-8484

Daytime Phone #

CR2E034 (9/99)