

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010343

1. Entity Name
ACCESS COMPUTER RENTALS OF FLORIDA, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90112 050 ***150.00

Principal Place of Business
1099 S CONGRESS AVE
#140
DELRAY BEACH FL 33445

Mailing Address
1099 S CONGRESS AVE
#140
DELRAY BEACH FL 33445

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
6 CLAREMONT ROAD
Suite, Apt. #, etc.
UNIT A

City & State
City & State
BERNARDSVILLE NJ

Zip
Country
07924 SOMERSET



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0893934
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
THOMAS, DONALD J
1200 N.FEDERAL HWY., #312
CARTER & THOMAS, LLP
BOCA RATON FL 33432

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.

SIGNATURE _____
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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D WERNER, KARL	165 MORRISTOWN RD.	BERNARDSVILLE NJ 07924	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6 CLAREMONT ROAD UNIT A	BERNARDSVILLE NJ 07924	

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: K Werner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001 9087663636
Date Daytime Phone #

0314164

CR2E034 (10/00)