

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024522

1. Entity Name

FIRST ACCESS SERVICE TEAM, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90043 049 ***150.00

Principal Place of Business

3815 N. NEBRASKA AVE.
TAMPA FL 33603

Mailing Address

3815 N. NEBRASKA AVE.
TAMPA FL 33603-5037

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3564219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SCHUMACHER, DALE
3815 N. NEBRASKA AVE.
TAMPA FL 33603

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, 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 ☐ Delete
D SCHUMACHER, DALE
STREET ADDRESS 3815 N. NEBRASKA AVE.
CITY-ST-ZIP TAMPA FL 33603

TITLE NAME ☒ Delete
D SETH, R.L.
STREET ADDRESS 3815 N. NEBRASKA AVE.
CITY-ST-ZIP TAMPA FL 33603

TITLE NAME ☐ Delete
D WALKER, CINDY
STREET ADDRESS 3815 N. NEBRASKA AVE.
CITY-ST-ZIP TAMPA FL 33603

TITLE NAME ☐ Delete
D ALLEN, ERNEST
STREET ADDRESS 3815 N. NEBRASKA AVE.
CITY-ST-ZIP TAMPA FL 33603

TITLE NAME ☐ Delete
D HAMP, EDWARD
STREET ADDRESS 3815 N. NEBRASKA AVE.
CITY-ST-ZIP TAMPA FL 33603

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☒ Change ☐ Addition
D Robert Wright
STREET ADDRESS 3815 N. Nebraska Ave
CITY-ST-ZIP Tampa FL 33603

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2000

Date

Daytime Phone #

(813) 383-2315

CR2E034 (9/99)