

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024522

1. Entity Name

FIRST ACCESS SERVICE TEAM, INC.

Principal Place of Business

3815 N. NEBRASKA AVE.
TAMPA FL 33603

Mailing Address

3815 N. NEBRASKA AVE.
TAMPA FL 33603

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 7492

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33673

Country

USA

4. FEI Number 59-3564219

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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	D	<input type="checkbox"/> Delete
NAME	SCHUMACHER, DALE	
STREET ADDRESS	3815 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, ROBERT	
STREET ADDRESS	3815 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, CINDY	
STREET ADDRESS	3815 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, ERNEST	
STREET ADDRESS	3815 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMP, EDWARD	
STREET ADDRESS	3815 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bartolotti, Cathy	
STREET ADDRESS	3815 N. Nebraska Ave.	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Jan 2001

Date

813/383-2815

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)