

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

0588061

05-17-2001 90404 034 \*\*\*150.00

**DOCUMENT # P99000028686**

1. Entity Name  
**ACCESS BENEFITS, INC.**

Principal Place of Business

Mailing Address

2967 BUD DIAMOND RD.  
 JAY FL 32565

~~P.O. BOX 809~~  
~~PENSACOLA FL 42504~~

00053867



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2967 Bud Diamond Rd  
 Suite, Apt. #, etc.

2967 Bud Diamond Rd  
 Suite, Apt. #, etc.

City & State

City & State

JAY, FL

JAY, FL

4. FEI Number **59-3571618**

Applied For  
 Not Applicable

Zip Country

Zip Country

32565

32565

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHERF, W P  
 2967 BUD DIAMOND RD.  
 JAY FL 32565

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	SCHERF, W P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	2967 BUD DIAMOND RD. JAY FL 32565		
D	PHILLIPS, M.W.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	5803 CRUISER WAY TTAMPA FL 33615		
D	SHERLIN, S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	723-TOWER LAKE DR. MONTGOMERY AL 36117		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: W. Palmer Scherf  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001  
Date

850-675-6111  
Daytime Phone #

CR2E034 (10/00)