

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037183

1. Entity Name

ACCESS PROPERTIES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90249 014 ***150.00

Principal Place of Business

1339 20TH STREET
VERO BEACH FL 32960

Mailing Address

1339 20TH STREET
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2001 9th AVE #106

Suite, Apt. #, etc.

2001 9th AVE STE 106

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32960

Country

USA

Zip

32960

Country

USA

6. Name and Address of Current Registered Agent

WILLIS, B.P.

1339 20TH STREET

VERO BEACH FL 32960-5338

2001 9th AVE #106

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 fee paid (see instructions)

(NOTE: Registered Agent's signature required when transferring)

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	P	☐ Delete
NAME	WILLIS, B P	
STREET ADDRESS	1339 20TH ST	
CITY-STATE-ZIP	VERO BEACH FL 32960	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	2001 9th AVE STE 106
CITY-STATE-ZIP	VERO BEACH, FL 32960
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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

4/16/01

561 299-1022

CR2E034 (10/00)