FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91348 014 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

669386

DOCUMENT # P99000050984

1. Entity Name
Access Controls, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6550 N. Federal Highway	6550 N. Federal Highway
Suite, Apt. #, etc. Suite #240	Suite, Apt. #, etc. Suite #240
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33308 Country USA	Zip 33308 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0929313 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name James W. Bryan

Street Address (P.O. Box Number is Not Acceptable) 6550 N. Federal Highway #240

City Fort Lauderdale **FL** Zip Code 33308

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] 5/13/02
Signature, type 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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,P
NAME	James W. Gordon
STREET ADDRESS	660 NE 56 Court
CITY-ST-ZIP	Fort Lauderdale, FL 33334
TITLE	S
NAME	Thomas Clark
STREET ADDRESS	2400 E. Commercial Blvd. #820
CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	VP, D
NAME	James W. Bryan
STREET ADDRESS	6550 N. Federal Highway, #240
CITY-ST-ZIP	Fort Lauderdale, FL 33308
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/13/02 James W. Bryan 5/13/02 954 772-7655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #