

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078223

1. Entity Name

PERSONAL ACCESS, INC.

Principal Place of Business

29 SOUTHEAST 5TH STREET
BOCA RATON FL 33432

Mailing Address

29 SOUTHEAST 5TH STREET
BOCA RATON FL 33432-6019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MATTEIS, JOHN
29 SOUTHEAST 5TH STREET
BOCA RATON FL 33432

4. FEI Number

65-0961533

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional
Fee Required.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME JUUL-HANSEN, JENS
STREET ADDRESS 29 SOUTHEAST 5TH STREET
CITY-ST-ZIP BOCA RATON FL 33432☐ DeleteTITLE V.P. ASST. SEC.
NAME JOHN S. MATTEIS
STREET ADDRESS 29 S.E. 5TH ST.
CITY-ST-ZIP BOCA RATON, FL. 33431☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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

1-31-00

Date

Daytime Phone #

FILED
Apr 17, 2000 8:00 am
Secretary of State

02-08-2000 90046 023 ***158.75



DO NOT WRITE IN THIS SPACE