2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000080968** Jun 08, 2000 8:00 am **Secretary of State** UNIVERSAL ACCESS CARD, INC. 06-08-2000 90017 036 ***558.75 Mailing Address Principal Place of Business 801 WEST BAY DR., STE, 413 801 WEST BAY DR., STE. 413 LARGO FL 33770-4203 LARGO FL 33770 2. Principal Place of Business 801 West Bay 3. Mailing Address Suite Apt. #. etc. 203 DO NOT WRITE IN THIS SPACE Applied For Not Applicable Zip 3770 Country Country \$8.75 Additional 5. Certificate of Status Desired 3770 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name PETRESCUE, BERNARD Street Address (P.O. Box Number is Not Acceptable) 801 WEST BAY DR., STE. 413 **LARGO FL 33770** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP TITLE TITI F Delete PETRESCUE, BERNARD NAME Copley, Chip NAME STREET ADDRESS STREET ADDRESS 801 WEST BAY DR., STE. 438" 203 2554 Estancia Blvd Clearwater, Fl 33767 Change CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME Hindman, John ==== 10 Island Way STREET ADDRESS STREET ADDRESS 2663 Firestone Drive Suite 204 CITY-ST-ZIP CITY-ST-ZIP learwater FL 33761 Clearwater, FL 3376m ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIE

13. I hereby certify that the information supplied with this filling 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 fustee 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 a) other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OF