

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105843

1. Entity Name
TOTAL ACCESS GROUP, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90084 021 ***150.00

Principal Place of Business
12173 ARMENIA CIR GABLES
TAMPA FL 33612
US

Mailing Address
12173 ARMENIA CIR GABLES
TAMPA FL 33612
US

2. Principal Place of Business
14315 RAVENWOOD LANE
Suite, Apt. #, etc.

3. Mailing Address
14315 RAVENWOOD LANE
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA, FL

Zip
33618

Country
US

Zip
33618

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3611796 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD.
SUITE A
SEMINOLE FL 33777

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 _____ 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPS, CHRIS 12173 ARMENIA CIR GABLES TAMPA FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Christopher A. Camps 1/17/01 813 908-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)