FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90062 024 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58095

1. Corporation Name
ACCESS MANAGEMENT CORPORATION

D00056527

Principal Place of Business	Mailing Address
800 S WILSON ST CRESTVIEW FL 32536 US	P O BOX 1073 CRESTVIEW FL 32536 US

ok

2. Principal Place of Business
3. Mailing Address — Please Change address
301 E Hickory Ave.

[redacted]

Suite, Apt # etc | Suite, Apt #, etc

City & State | City & State: Crestview, FL

Zip | Country | Zip: 32536 | Country

4. FEI Number: 59-3079417 — Applied For / Not Applicable

5. $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHILDERS, WESLEY M.
113 KIPLING DRIVE
CRESTVIEW FL 32539

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 N/A

Signature, typed or printed name of registered agent and title if applicable — 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ☐ Delete	TITLE	Vice President ☐ Change ☒ Addition
NAME	CHILDERS, WESLEY M	NAME	Linda L. Bell
STREET ADDRESS	113 KIPLING DRIVE	STREET ADDRESS	903 Sunset Bay Ct.
CITY-ST-ZIP	CRESTVIEW FL 32539	CITY-ST-ZIP	Shalimar, Fl 32579
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: Wesley M. Childers — 4/27/01 — (850) 682-1214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR