

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90381 002 \*\*\*150.00

**DOCUMENT # S58095**  
 1. Entity Name  
**ACCESS MANAGEMENT CORPORATION**

Principal Place of Business  
**689 S WILSON ST**  
**CRESTVIEW FL 32536**  
**US**

Mailing Address  
**301 E. HICKORY AVE**  
**CRESTVIEW FL 32536**  
**US**

2. Principal Place of Business  
**801 North Eglin Pkwy**  
 Suite, Apt. #, etc.

3. Mailing Address  
**801 North Eglin Pkwy**  
 Suite, Apt. #, etc.

City & State  
**Fort Walton Beach, FL**

City & State  
**Fort Walton Beach, FL**

Zip  
**32547**

Country  
**USA**

Zip  
**32547**

Country  
**USA**

4. FEI Number **59-3079417** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$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  
**Michael S. McDuffie**  
 Street Address (P.O. Box Number is Not Acceptable)  
**797 North Pearl Street**  
 City  
**Crestview, FL** Zip Code  
**32536**

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 *Michael S. McDuffie* DATE **4/30/02**  
(Signature, name or printed name of registered agent and the date of filing. (Note: Registered Agent's signature is required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>CHILDERS, WESLEY M</b> <b>113 KIPLING DRIVE</b> <b>CRESTVIEW FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BELL, LINDA L</b> <b>903 SUNSET BAY CT</b> <b>SHALIMAR FL 32579</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>Bell, Linda L.</b> <b>903 Sunset Bay</b> <b>Shalimar, FL 32538</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda Bell* DATE **4/30/02** (850) 243-8477  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0030606 AV CR2E034 (9/01)