

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91514 011 ***150.00

DOCUMENT # **558095**

1. Entity Name

ACCESS MANAGEMENT CORPORATION



DO NOT WRITE IN THIS SPACE

10089890

2. Principal Place of Business
1259 N. Eglin Pkwy

Suite, Apt. #, etc.

3. Mailing Address
301 E. Hickory Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Shalimar, FL

City & State
Crestview, FL

4. FEI Number
59-3079417

Applied For
Not Applicable

Zip
32579

Country
USA

Zip
32536

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Tom L. Crowe

Street Address (P.O. Box Number is Not Acceptable)
301 East Hickory Avenue

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tom L. Crowe TOM L. CROWE

4/25/03

Signature typed by printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Tom L. Crowe 301 East Hickory Avenue Crestview, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Brandon D. Garrett 7734 Navarre Pkwy Apt 422 Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Debbie Zukosky 4 Moroni Court Fort Walton Beach, FL 32547
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Tom L. Crowe TOM L. CROWE

4/25/03 (850) 682-1214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)