

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V52998

1. Entity Name

ACCESS MEDICAL & OFFICE SUPPLIES, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90121 001 ***450.00

Principal Place of Business

311 N CLYDE MORRIS BLVD
320-510
DAYTONA BCH. FL 32114
US

Mailing Address

311 N CLYDE MORRIS BLVD
320-510
DAYTONA BCH. FL 32114
US

2. Principal Place of Business

311 N CLYDE MORRIS BLVD

3. Mailing Address

311 N CLYDE MORRIS BLVD

Suite, Apt. #, etc.

SUITE 510

Suite, Apt. #, etc.

SUITE 510

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH FL

Zip

32114

Country

USA

Zip

32114

Country

USA

4. FEI Number

59-3139150

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

JACQUES R. CALDWELL M.D.

Street Address (P.O. Box Number is Not Acceptable)

311 N. CLYDE MORRIS BLVD

SUITE 510

City

DAYTONA BEACH

FL

Zip Code

32114

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

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

JACQUES R. CALDWELL, President 4/3/01

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME 311
STREET ADDRESS
CITY-ST-ZIP
STD
OFFENBERG, HOWARD
321 N CLYDE MORRIS BLVD SUITE 510
DAYTONA BEACH FL

☐ Delete

TITLE
NAME 311
STREET ADDRESS
CITY-ST-ZIP
PD
CALDWELL, JACQUES
321 N CLYDE MORRIS BLVD SUITE 510
DAYTONA BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES R. CALDWELL M.D. 4/3/01
PRESIDENT

Date

Daytime Phone #

386-253-7490

CR2E034 (10/00)

000487