

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90399 009 ***150.00

DOCUMENT # V52998

1. Entity Name

ACCESS MEDICAL & OFFICE SUPPLIES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1740 RICHARD PETTY BLVD
 Suite, Apt. #, etc.

3. Mailing Address

1740 RICHARD PETTY BLVD
 Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32114

Country

32114

Zip

32114

Country

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

**CALDWELL, JACQUES R M.D.
 311 N CLYDE MORRIS BLVD
 SUITE 510
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name **JACQUES R CALDWELL M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
1740 RICHARD PETTY BLVD
 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

(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, 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 **STD** ☐ Delete
 NAME **OFFENBERG, HOWARD**
 STREET ADDRESS **311 N CLYDE MORRIS BLVD STE., 510**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **PD** ☐ Delete
 NAME **CALDWELL, JACQUES**
 STREET ADDRESS **311 N. CLYDE MORRIS BLVD STE., 510**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 687, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES R. CALDWELL

3-26-02

Date

386-253-7490

Daytime Phone #

CR2E034 (9/01)