

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 326154

Entity Name: ACCESS CONTROL TECHNOLOGIES, INC.**Current Principal Place of Business:**1028 W. WASHINGTON
ORLANDO, FL 32805-1647**Current Mailing Address:**P. O. BOX 550190
ORLANDO, FL 32855-0190 US**FEI Number: 59-1204532****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KNARREBORG, MICHAEL R
1028 W. WASHINGTON ST.
ORLANDO, FL 32805 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	LOWERY, DANIEL A
Address	1028 W. WASHINGTON ST.
City-State-Zip:	ORLANDO FL 32805

Title	P
Name	KNARREBORG, MICHAEL R
Address	1028 W. WASHINGTON ST.
City-State-Zip:	ORLANDO FL 32805

Title	S
Name	LOWERY, KATHY M
Address	1028 W. WASHINGTON ST.
City-State-Zip:	ORLANDO FL 32805

Title	T
Name	KNARREBORG, MICHAEL R
Address	1028 W. WASHINGTON
City-State-Zip:	ORLANDO FL 32805

Title	VP
Name	PAYNE,, ROBERT FJR
Address	1028 W. WASHINGTON ST.
City-State-Zip:	ORLANDO FL 32805

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY LOWERY**CORP SECRETARY****02/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date