

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90674 033 \*\*\*150.00

0018819 AT

**DOCUMENT # F95000004315**

1. Entity Name  
**ACCESS LOGIC, INC.**

Principal Place of Business Mailing Address  
**13111 E BRIARWOOD AVE PO BOX 3436**  
**#330 ENGLEWOOD CO 80155-3436**  
**ENGLEWOOD CO 80112**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>84-1243142</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FULLER, BARRY J</b> <b>FULLER &amp; ASSO., ATTORNEY AT LAW</b> <b>2301 PARK AVE.</b> <b>ORANGE PARK FL 32073</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (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.  **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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBER, JUDY			NAME			
STREET ADDRESS	10978 E CRESTRIDGE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBER, STEPHEN			NAME			
STREET ADDRESS	10978 E CRESTRIDGE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, MARVIN			NAME			
STREET ADDRESS	6421 S JAMAICA CIR			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO 80111			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, EVELYN-JO			NAME			
STREET ADDRESS	6421 S JAMAICA CIR			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO 80111			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINS, ERIC			NAME			
STREET ADDRESS	11064 HERMITAGE RUN			STREET ADDRESS			
CITY-ST-ZIP	LITTLETON CO 80123			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, CURT JR.			NAME			
STREET ADDRESS	13781 GERONA DR. N			STREET ADDRESS	3900 Old Field Crossing Dr., #1422		
CITY-ST-ZIP	JACKSONVILLE FL 32224			CITY-ST-ZIP	Jacksonville, FL 32223		

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] DATE: 3/19/02 DAYTIME PHONE #: (303) 850-7011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)