

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90164 006 \*\*\*150.00

**DOCUMENT # F95000004315**



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

Principal Place of Business  
13111 E BRIARWOOD AVE  
~~#330~~  
ENGLEWOOD CO 80112  
US

Mailing Address  
PO BOX 3436  
ENGLEWOOD CO 80155-3436



2. Principal Place of Business  
(Same)

3. Mailing Address

Suite, Apt. #, etc.  
**130**

Suite, Apt. #, etc.

City & State  
(Same)

City & State

Zip  
(Same)

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **84-1243142**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FULLER, BARRY J**  
**FULLER & ASSO., ATTORNEY AT LAW**  
**2301 PARK AVE.**  
**ORANGE PARK FL 32073**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PM</b> <b>BARBER, JUDY</b> <b>10978 E CRESTRIDGE CIRCLE</b> <b>ENGLEWOOD CO</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9405 POUNDSTONE PL</b> <b>Greenwood Village, CO 80111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>BARBER, STEPHEN</b> <b>10978 E CRESTRIDGE CIRCLE</b> <b>ENGLEWOOD CO</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9405 Poundstone Pl</b> <b>Greenwood Village CO 80111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LEWIS, MARVIN</b> <b>6421 S JAMAICA CIR</b> <b>ENGLEWOOD CO 80111</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del><b>9405 Poundstone Pl</b></del> <b>Greenwood Village, CO 80111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, EVELYN-JO</b> <b>6421 S JAMAICA CIR</b> <b>ENGLEWOOD CO 80111</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9405 Poundstone Pl</b> <b>Greenwood Village, CO 80111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINS, ERIC</b> <b>11064 HERMITAGE RUN</b> <b>LITTLETON CO 80123</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOUNG, CURT JR</b> <b>3900 OLD FIELD CROSSING DR #1422</b> <b>JACKSONVILLE FL 32223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/03 (303)850-7011**  
Date Daytime Phone #

CR2E034 (10/02)