

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

0113408 AV

DOCUMENT # **P99000028894**



1. Entity Name  
**ACCESS SPORTS LIMITED, INC.**

08-25-2003 90099 036 \*\*\*150.00

Principal Place of Business  
**4828 KLOSTERMAN OAKS BOULEVARD  
PALM HARBOR FL 34683**

Mailing Address  
**4828 KLOSTERMAN OAKS BOULEVARD  
PALM HARBOR FL 34683**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3565919**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BERNIER, ARTHUR 4828 KLOSTERMAN OAKS BOULEVARD PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED - ARTHUR BERNIER**

**8/19/03**

**727-937-0564**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)



Attachment #  
P990000289  
80140864

**VIA COURIER**

August 19, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**RE: UNIFORM BUSINESS REPORT-- ACCESS SPORTS LIMITED, INC.  
EIN # - 59-3565919**

Dear Sir/Madame:

Enclosed is check in the amount of US\$150.00 for payment of the Uniform Business Report filing fee for Access Sports Limited, Inc.

I did not receive a pre-printed prescribed form or a second notice. When I spoke with a person at the Department of State's Division of Corporations, I was informed to submit a check for US\$150.00 and a copy of the UBR form to your office.

I can be contacted at 727-937-0564 if you require a further explanation. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthur M Bernier". The signature is written in a cursive, flowing style.

Arthur M Bernier  
President