

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015294

1. Entity Name

SERVICE ACE, L.L.C.

Principal Place of Business

Mailing Address

5050 NW 110th Avenue  
Ocala, FL 34482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686143

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**FILED**

01 FEB 12 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Linda L. Worthington  
5050 NW 110th Avenue  
Ocala, FL 34482

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.

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
Managing Member  
Fred G. Worthington  
STREET ADDRESS  
5050 NW 110th Avenue  
CITY-ST-ZIP  
Ocala, FL 34482

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
Managing Member  
Linda L. Worthington  
STREET ADDRESS  
5050 NW 110th Avenue  
CITY-ST-ZIP  
Ocala, FL 34482

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP  
600003742456-4  
-02/20/01-01026-003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  Delete  
Managing Member  
Thomas E. Worthington  
STREET ADDRESS  
3990 SE 22nd Avenue  
CITY-ST-ZIP  
Ocala, FL 34480

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
Managing Member  
J. Scott Lehman  
STREET ADDRESS  
10440 SW 54th Court  
CITY-ST-ZIP  
Ocala, FL 34476

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Linda L. Worthington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/5/01

Date

352/369-3665

Daytime Phone #

CR2E083 (11/00)