

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90065 021 ****50.00

DOCUMENT # **L00000015294**

1. Entity Name
SERVICE ACE, L.L.C.

Principal Place of Business
**5050 NW 110TH AVENUE
 OCALA FL 34482**

Mailing Address
**5050 NW 110TH AVENUE
 OCALA FL 34482**

J U O U I J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1606 NW 10th St.

3. Mailing Address
1606 NW 10th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number **59-3686143**

Applied For
 Not Applicable

Zip **34475** Country **USA**

Zip **34475** Country **USA**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORTHINGTON, LINDA L
 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
Due-By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	WORTHINGTON, FRED G	5050 NW 110TH AVENUE	OCALA FL 34482	<input type="checkbox"/>
MGRM	WORTHINGTON, THOMAS E	3990 SE 22ND AVE.	OCALA FL 34480	<input type="checkbox"/>
MGRM	LEHMAN, J. SCOTT	1490 CORA STREET	DES PLAINES IL 60018	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGRM	Lehman, J. Scott	10440 SW 54th Ct	Ocala, FL 34476	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] **1-15-02 352-629-5775**

CRE083 (9/01)