


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90731 021 ***150.00

DOCUMENT # L63928

1. Entity Name
ACE ROOF REPAIRS, INC.



Principal Place of Business
% GREGORY ZIEMER
637 IBIS DRIVE
DELRAY BEACH FL 33444
US

Mailing Address
% GREGORY ZIEMER
637 IBIS DRIVE
DELRAY BEACH FL 33444
US

2. Principal Place of Business
4444 MAURICE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
4444 MAURICE DRIVE
Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL.

City & State
DELRAY BEACH, FL.

Zip
33445

Country
USA

Zip
33445

Country
USA

4. FEI Number **65-0184113** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ZIEMER, GREGORY
637 IBIS DRIVE
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent
Name **GREGORY ZIEMER**
Street Address (P.O. Box Number is Not Acceptable) **4444 MAURICE DRIVE**
City **DELRAY BEACH** FL Zip Code **33445**

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 *Gregory Ziemer* (NOTE: Registered Agent signature required when reinstating) DATE 4/1/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIEMER, GREGORY 637 IBIS DR DELRAY BEACH FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGORY ZIEMER 4444 MAURICE DRIVE DELRAY BEACH, FL. 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Gregory Ziemer* **SIGNATURE REQUIRED** DATE 4/1/03 DAYTIME PHONE # (561)381-0644

CR2E034 (10/02)