

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90186 028 ***150.00

DOCUMENT # **P0000085395**



1. Entity Name
ACE NU-LIFE RESTORATION SYSTEMS, INC.

Principal Place of Business
**5102 WINDING WAY
DICKINSON TX 77539**

Mailing Address
**5102 WINDING WAY
DICKINSON TX 77539**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1047887**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~COHEN, MICHAEL J
517 SW FIRST AVE.
FT. LAUDERDALE FL 33301~~

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

TITLE NAME Delete
D
KORNAHRENS, ROBERT P
STREET ADDRESS
4345 NE 12 TERRACE
CITY - ST - ZIP
FORT LAUDERDALE FL 33334

TITLE NAME Change Addition
Kornahrens, Robert P.
STREET ADDRESS
1950 NW 22nd Street
CITY - ST - ZIP
Fort Lauderdale, FL 33311

TITLE NAME Delete
PSTD
LANDOLFI, MICHAEL J
STREET ADDRESS
5102 WINDING WAY
CITY - ST - ZIP
DICKINSON TX 77539

TITLE NAME Change Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME Change Addition
STREET ADDRESS
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TITLE NAME Delete
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CITY - ST - ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY - ST - ZIP

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
Robert P. Kornahrens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/03

Date

(954) 522-6868

Daytime Phone #

CR2F034 (10/02)