2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/2

FILED
Sep 08, 2003 8:00 am
Secretary of State
08-25-2003 90097 016 ***550.00

DOCUMENT # P02000112907

1. Entity Name
ACE CONSTRUCTION & REALTY INC.

JJUJJU11

Principal Place of Business	Mailing Address
401 CENTER POINTE CIR. STE. 1565 ALTAMONTE SPRINGS FL 32701	401 CENTER POINTE CIR. STE. 1565 ALTAMONTE SPRINGS FL 32701

[redacted]

2. Principal Place of Business	3. Mailing Address
609 N. Highway 17/92	609 N. Highway 17/92
Suite, Apt. #, etc.: Suite 102 D	Suite, Apt. #, etc.: Suite 102 D
City & State: DeBary, Fl. 32713	City & State: DeBary, Fl. 32713
Zip: 32713 Country: U.S.A.	Zip: 32713 Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 27-0033942 ☐ Applied For ☐ Not Applicable

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
BEOUGHER, DAVID M 499 N SR 434 STE. 2027 ALTAMONTE SPRINGS FL 32714	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	PRESIDENT V.A CLEMENTS JR 2500 CANDLEWICK ST ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELTONA FL 32738 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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: ____________________ August 20, 2003 386 774 5804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

V. A. CLEMENTS JR, PRESIDENT/OWNER/100%