

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90439 015 ***150.00

0448349

DOCUMENT # P98000039570

1. Entity Name

ACE RECYCLING & METALS, INC.

Principal Place of Business

RT 7, BOX 512, E. WASHINGTON ST.
 LAKE CITY FL 32055

Mailing Address

RT 7, BOX 512, E. WASHINGTON ST.
 LAKE CITY FL 32055

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 **59-3514798**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

0000039570



6. Name and Address of Current Registered Agent

WALLACE, CARSON R SR.
RT 7, BOX 512, E. WASHINGTON ST.
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D WALLACE, CARSON R SR.**
 STREET ADDRESS **RT 12, BOX 8F, WILDERNESS CIRCLE**
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SAPP, RAYMOND**
 STREET ADDRESS **2999 E. DUVAL ST.**
 CITY-ST-ZIP **LAKE-CITY-FL-32055**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WALLACE, DIANN**
 STREET ADDRESS **RT 12, BOX 8F, WILDERNESS CIRCLE**
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE *Carson Wallace SR*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 904-758-0089
 Date Daytime Phone #

CR2E034 (10/00)