

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90002 047 ***150.00

DOCUMENT # S11651

1. Entity Name

ACE PROTECTIVE SERVICES, INC.

Principal Place of Business

**10121 SW 15 PL
 DAVIE FL 33324**

Mailing Address

**10121 SW 15 PL
 DAVIE FL 33324**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0229453

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

BENINCASA, PHILIP B.

10121 SW 15 PL

DAVIE FL 33324

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
BENINCASA, PHILIP B
10121 SW 15 PL
DAVIE FL ☐ Delete

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

TITLE
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 CITY-ST-ZIP
STD
BENINCASA, CHRISTOPHER
10121 SW 15 PL
DAVIE FL ☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/3/01 954 4240599

CR2E034 (5/01)

0067696 AV

Ace Protective Services, Inc.

A0678004

"ACE PREPARES THE UNPREPARED"

• Fire Safety • C.P.R. • First Aid • Blood Borne • Lab Safety • Hazmat Awareness
• Forklift • Pro Active Safety • OSHA Record Keeping • DOT Hazmat • Heat Stress • Fire Investigations

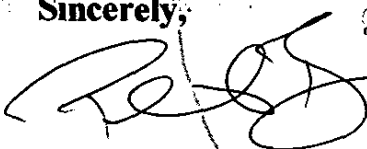
Attachment
#S11651

July 3, 2001

State Of Florida Division Of Corporations

This letter is to inform you that Ace Protective Services did not receive any forms from the State Of Florida. I called your office today and was told to write a letter and send the check for \$ 150.00 today. I am very sorry this has happened and would like to thank you and your staff for all the help. The form I received in the mail today.

Sincerely,



Phil Benincasa Pres.

SINCE
1990