FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

Jan 16, 2002 8:00 am Secretary of State P97000102175 DOCUMENT # 1. Entity Name 01-16-2002 90017 042 ***150.00 ACE REMODELING CONTRACTORS, INC. Principal Place of Business Mailing Address 3560-56TH AVENUE NORTH 3560-56TH AVENUE NORTH SUITE R SUITE B ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3495903 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RYDER, DAVID JR. Street Address (P.O. Box Number is Not Acceptable) 3560-56TH AVENUE NORTH SUITE B ST. PETERSBURG FL 33714 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE Change NAME RYDER, DAVID JR NAME 3256 HARBOR LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LARGO FL 33770** CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME BROWN, BRIAN NAME STREET ADDRESS 6509-40TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33709 CITY-ST-ZIE ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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

779-522-2101