

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90026 028 ***158.75

DOCUMENT # K14870



1. Entity Name
ACE SALVAGE, INC.

Principal Place of Business
**HWY. 90 MIDWAY
MIDWAY FL 32343**

Mailing Address
**P.O. BOX 496
MIDWAY FL 32343**

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 **59-2879351**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASSETT, JOHN
3070 SHARER RD.
TALLAHASSEE FL 32310**

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

John Passett **John Passett Pres.**

1-6-03

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 ☐ Delete
NAME **PASSETT, JOHN**
STREET ADDRESS **3077 SHARER STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
NAME **ST**
STREET ADDRESS **Sandy Passett**
CITY-ST-ZIP **216 Shelton Dr**

TITLE ☐ Delete
NAME **KENT, GARY**
STREET ADDRESS **VILLA LANE P.O. BOX 496**
CITY-ST-ZIP **MIDWAY FL**

TITLE ☐ Change ☐ Addition
NAME **ST**
STREET ADDRESS **Sandy Passett**
CITY-ST-ZIP **216 Shelton Dr**

TITLE ☒ Delete
NAME **KENT, JOY**
STREET ADDRESS **VILLA LANE P.O. BOX 496**
CITY-ST-ZIP **MIDWAY FL**

TITLE ☐ Change ☐ Addition
NAME **ST**
STREET ADDRESS **Sandy Passett**
CITY-ST-ZIP **216 Shelton Dr**

TITLE ☐ Delete
NAME **VP SANDY PASSETT**
STREET ADDRESS **3347 SHELTON DR**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE ☐ Change ☐ Addition
NAME **ST**
STREET ADDRESS **Sandy Passett**
CITY-ST-ZIP **216 Shelton Dr**

TITLE ☐ Delete
NAME **VP RONNIE HAMILTON**
STREET ADDRESS **2349 MOON LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32343**

TITLE ☐ Change ☐ Addition
NAME **ST**
STREET ADDRESS **Sandy Passett**
CITY-ST-ZIP **216 Shelton Dr**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **3347 SHELTON DR**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE ☐ Change ☐ Addition
NAME **ST**
STREET ADDRESS **Sandy Passett**
CITY-ST-ZIP **216 Shelton Dr**

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:

Sandy Passett **SANDY PASSETT**

1-6-03 (850) 574-1364

Date

Daytime Phone #

CR2034 (10/02)