

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 182648

1. Entity Name  
ACE LIQUORS INC

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90013 024 \*\*\*150.00

Principal Place of Business  
1751 GULF TO BAY BLVD  
CLEARWATER FL 33755  
US

Mailing Address  
1751 GULF TO BAY BLVD  
CLEARWATER FL 33755  
US

2. Principal Place of Business

3. Mailing Address

439 ISLAND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

4. FEI Number 59-0747384

Applied For  
Not Applicable

Zip

Country

33767

Country

USA

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

LAWRENCE, M C  
439 ISLAND WAY  
CLEARWATER FL 33767

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, 2002 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	STD	<input type="checkbox"/> Delete
NAME	LAWRENCE, N G	
STREET ADDRESS	439 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAWRENCE, M C	
STREET ADDRESS	439 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAWRENCE, J L	
STREET ADDRESS	439 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *Michael C. Lawrence*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 5, 2002 727-446-6754  
Date Daytime Phone #

0460171 AV

CR2E034 (9/01)