

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 549355

1. Entity Name

ACE INFORMATION SERVICES, INC.

FILED

00 SEP 15 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
435 E HWY 434 435 E HWY 434
PO BOX 988 PO BOX 988
LONGWOOD FL 32750 LONGWOOD FL 32750-5219

2. Principal Place of Business 3. Mailing Address
11140 Rockville Pike 150 2nd Ave. North
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1200 Suite 1600
City & State City & State
Rockville MD St. Petersburg, FL
Zip City & State
20852 USA 33701 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1811182 Applied For
Not Applicable

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
CRAWLEY, RONNIE Corporation Service Company
435 E HWY 434 1201 Hays Street
LONGWOOD, FL
32750
City Tallahassee FL Zip Code 32301

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 BRIAN COURTNEY, ASST. VP. 9/15/2000
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWLEY, RONNIE		NAME	Evan Barnett	
STREET ADDRESS	435 E HWY 434		STREET ADDRESS	11140 Rockville Pike, Suite 1200	
CITY-ST-ZIP	LONGWOOD, FL 00000		CITY-ST-ZIP	Rockville, MD 20852	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWLEY, JEAN		NAME	John C. Lamson	
STREET ADDRESS	435 E HWY 434		STREET ADDRESS	150 2nd Ave. North, Suite 1600	
CITY-ST-ZIP	LONGWOOD, FL 00000		CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Craig J. Zinda	
STREET ADDRESS			STREET ADDRESS	150 2nd Ave. North, Suite 1600	
CITY-ST-ZIP			CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 13, 2000 (727) 895-4915
Date Daytime Phone #

CR2E034 (9/99)