

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 SEP 15 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 549355

1. Entity Name

ACE INFORMATION SERVICES, INC.

Principal Place of Business

Mailing Address

435 E HWY 434
PO BOX 988
LONGWOOD FL 32750

435 E HWY 434
PO BOX 988
LONGWOOD FL 32750-5219

2. Principal Place of Business

3. Mailing Address

11140 Rockville Pike

150 2nd Ave. North

Suite, Apt. #, etc.

Suite 1200

Suite, Apt. #, etc.

Suite 1600

City & State

Rockville MD

City & State

St. Petersburg, FL

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
435 E HWY 434
LONGWOOD, FL
32750

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

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

Signature, type or printed name of registered agent and title if applicable.

BRIAN COURTNEY, ASST. VP.

(NOTE: Registered Agent signature required when reinstating)

9/15/2000
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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	CRAWLEY, RONNIE	435 E HWY 434	LONGWOOD, FL 00000	<input checked="" type="checkbox"/>
ST	CRAWLEY, JEAN	435 E HWY 434	LONGWOOD, FL 00000	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 13, 2000 (727) 895-4915

Date

Daytime Phone #

CR2E034 (9/99)