

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 854760**

1. Entity Name

ACE METAL PRODUCTS, INC.

Principal Place of Business

**1813 MCCULLOUGH BLVD
P.O. BOX 1427
TUPELO MS 38801
US**

Mailing Address

**MCCULLOUGH BLVD
P.O. BOX 1427
TUPELO MS 38802**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**LEWIS, TIM
989 MAGNOLIA ST.
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	STILL, LYNN ROBERTS	
STREET ADDRESS	305 MAGNOLIA	
CITY-ST-ZIP	NEW ALBANY MS	

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, JAMES W	
STREET ADDRESS	1813 MCCULLOUGH BLVD	
CITY-ST-ZIP	TUPELO MS	

TITLE	STD	<input type="checkbox"/> Delete
NAME	ROBERTS, BETTY C	
STREET ADDRESS	1813 MCCULLOUGH BLVD	
CITY-ST-ZIP	TUPELO MS	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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: Betty C. Roberts **BETTY C. ROBERTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01

Date

662-841-1635

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90479 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)