2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address;

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

FILED **DOCUMENT # J23918** May 05, 2000 8:00 am Secretary of State 1. Entity Name ACE ALUMINUM PRODUCTS, INC. 05-05-2000 90102 002 ***150.00 Principal Place of Business Mailing Address % DOUGLAS C. MOORE C/O DOUGLAS C. MOORE 226 HARDEE LN 226 HARDEE LANE ROCKLEDGE FL 32955-2122 ROCKLEDGE IL 32955 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State FEI Number 59-2774720 Not Applicable . ----Zip - ------Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, DOUGLAS C. Street Address (P.O. Box Number is Not Acceptable) 1312 ALSUP DR **ROCKLEDGE FL 32955** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR Addition TITLE Delete TITLE ROBERT T. SPRINGER MOORE, DOUGLAS C NAME NAME 1312 ALSUP DR STREET ADDRESS 808 VIRGINIA ST. STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL CITY-ST-ZIP COLOA, FLA. 32927 □ Change Addition DIRECTOR ☐ Delete TITLE TITLE Michael W. Springer COBB. REECE NAME NAME 7040 BISMARK RD STREET ADDRESS 808 VIRGINIA ST STREET ADDRESS COCOA FL 32927 CtTY-ST-7IP-COCOA -FLA -32927---CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete ·TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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