

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90156 033 ***150.00

DOCUMENT # J23918 1. Entity Name ACE ALUMINUM PRODUCTS, INC.			
Principal Place of Business C/O DOUGLAS C. MOORE 226 HARDEE LN ROCKLEDGE IL 32955 US		Mailing Address % DOUGLAS C. MOORE 226 HARDEE LANE ROCKLEDGE FL 32955	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MOORE, DOUGLAS C. 1312 ALSUP DR ROCKLEDGE FL 32955			Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, DOUGLAS C 1312 ALSUP DR ROCKLEDGE FL		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, REECE 7040 BISMARCK RD COCOA FL 32927		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEACH, RICHARD J 441 WARREN STREET MERRITT ISLAND FL 32953		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRINGER, MICHAEL W 808 VIRGINIA ST COCOA FL 32927		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dele

Daytime Phone # _____