2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # J23918 1. Entity Name 04-16-2002 90156 033 ***150.00 ACE ALUMINUM PRODUCTS, INC. Principal Place of Business Mailing Address C/O DOUGLAS C. MOORE % DOUGLAS C. MOORE 226 HARDEE LN 226 HARDEE LANE ROCKLEDGE IL 32955 ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2774720 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, DOUGLAS C. Street Address (P.O. Box Number is Not Acceptable) 1312 ALSUP DR **ROCKLEDGE FL 32955** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete ☐ Change ■ Addition NAME MOORE, DOUGLAS C STREET ADDRESS 1312 ALSUP DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME COBB. REECE STREET ADDRESS STREET ADDRESS 7040 BISMARK RD CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32927 ☐ Delete TITLE TITLE ☐ Change Addition NAME PEACH, RICHARD J NAME STREET ADDRESS STREET ADDRESS **441 WARREN STREET** CITY-ST-ZIP CITY-ST-ZIF **MERRITT ISLAND FL 32953** TITLE. TITLE Delete. ☐ Change NAME SPRINGER, MICHAEL W NAME STREET ADDRESS 808 VIRGINIA ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COCOA FL 32927 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change 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

SIGNATURE:

changed, or on an attachment with an

address, with all other like empowered

4-3-0**7**

FILED

Daytime Phone #