

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K14870

1. Entity Name

ACE SALVAGE, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90152 025 ***150.00

Principal Place of Business

Mailing Address

HWY. 90 MIDWAY
MIDWAY FL 32343

P.O. BOX 496
MIDWAY FL 32343-0496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2879351

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

PASSETT, JOHN
3070 SHARER RD.
TALLAHASSEE FL 32310

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, 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 ☐ Delete

NAME PASSETT, JOHN
STREET ADDRESS 3077 SHARER STREET
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Delete

NAME KENT, GARY
STREET ADDRESS VILLA LANE P.O. BOX 496
CITY-ST-ZIP MIDWAY FL

TITLE ☐ Delete

NAME KENT, JOY
STREET ADDRESS VILLA LANE P.O. BOX 496
CITY-ST-ZIP MIDWAY FL

TITLE ☐ Delete

NAME SANDY PASSETT
STREET ADDRESS 3347 SHELINE DR
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Delete

NAME RONNIE HAMILTON
STREET ADDRESS 2349 MOON LANE
CITY-ST-ZIP TALLAHASSEE FL 32343

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

CR2E034 (9/99)