


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90227 030 \*\*\*163.75

DOCUMENT # **K51029**  
1. Entity Name  
**Ace Fabricators Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**Ace Fabricators Inc.**  
Suite, Apt. #, etc.  
**1801 E. 30th St.**  
City & State  
**Jacksonville Fl.**

3. Mailing Address  
**1801 E. 30th St.**  
Suite, Apt. #, etc.  
City & State  
**Jacksonville Fl.**  
Zip  
**32206** Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59290799** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Henry A. Smith**

Street Address (P.O. Box Number is Not Acceptable)  
**8188 Tripps Way**

City  
**Maccleenny** FL Zip Code  
**32063**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

-10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Smith Henry A</b> <b>8188 Tripps Way</b> <b>Maccleenny Fl. 32063</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Smith Joyce</b> <b>8188 Tripps Way</b> <b>Maccleenny Fl. 32063</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joyce Smith** 5/8/03 9043553724  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)