

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90039 003 ***150.00

953547



DO NOT WRITE IN THIS SPACE

DOCUMENT # K73373

1. Entity Name

ACE MANAGEMENT SERVICES, INC.

Principal Place of Business

**14533 DULCE REAL AVE.
 FT. PIERCE FL 34951-4209
 US**

Mailing Address

**14533 DULCE REAL AVE.
 FT. PIERCE FL 34951-4209
 US**

2. Principal Place of Business

**2444 TURTLEDOVE PL
 Suite, Apt. #, etc.**

3. Mailing Address

**2444 TURTLEDOVE PL
 Suite, Apt. #, etc.**

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

59-2939008

Applied For

Not Applicable

Zip

32904

Country

US

Zip

32904

Country

US

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

**RODRIGUEZ, ACELA M.
 14533 DULCE REAL AVE.
 FT. PIERCE FL 34951**

Name

Street Address (P.O. Box Number is Not Acceptable)

2444 TURTLEDOVE PL

City

MELBOURNE

FL

Zip Code

32904

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ACELA M.	
STREET ADDRESS	14533 DULCE REAL AVE.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2444 TURTLEDOVE PL	
CITY-ST-ZIP	MELBOURNE, FL, 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Acela M. Rodriguez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01 (321)723-9547
 Date Daytime Phone #

CR2E034 (10/00)