

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90252 023 ****55.00

DOCUMENT # L01000002117

1. Entity Name

ACE CENTER COURTS, LLC



Principal Place of Business

**409 MONTGOMERY RD., STE. 145
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**409 MONTGOMERY RD., STE. 145
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**409 MONTGOMERY
SUITE #145
ALTAMONTE SPRINGS**

3. Mailing Address

Suite, Apt. #, etc. **SAME**

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

4. FEI Number **59-3721545**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FASOLD, FRANZ
409 MONTGOMERY RD., STE. 145
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not Acceptable) **SAME**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FASOLD, FRANZ**
STREET ADDRESS **409 MONTGOMERY RD., STE. 145**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **MGR** ☐ Delete
NAME **DUGGAN, MICHAEL**
STREET ADDRESS **409 MONTGOMERY RD., STE. 145**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CRZE083 (10/02)