

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90072 021 ****50.00

DOCUMENT # L01000011201

1. Entity Name

MACE BROTHER, LLC

Principal Place of Business

**1528 FOXIDEN ROAD
 APOPKA FL 32712**

Mailing Address

**1528 FOXIDEN ROAD
 APOPKA FL 32712**

2. Principal Place of Business

3535 Southern Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3535 Southern Blvd.

Suite, Apt. #, etc.

City & State

Kettering, Ohio

Zip

45429

Country

USA

City & State

Kettering, Ohio

Zip

45429

Country

USA

4. FEI Number

59-3756702

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MACE, RICK D
 1528 FOXIDEN ROAD
 APOPKA FL 32712**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RICK D. MACE	
STREET ADDRESS	1528 Foxden Rd.	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Terry Mace	
STREET ADDRESS	3299 Birch Mountain Rd.	
CITY-ST-ZIP	Wenatchee, WA 98801	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Terry Mace	
STREET ADDRESS	1910 Broadview	
CITY-ST-ZIP	Wenatchee, WA 98801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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		

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:

REQUIRED

4/1/02

407-886-3287

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

Date

Daytime Phone #

CR2E083 (9/01)