## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # L37552 Entity Name ACE LAND DEVELOPMENT CORPORATION 04-03-2000 90005 006 \*\*\*150.00 Principal Place of Business Mailing Address 395 COMMERCIAL CT 395 COMMERCIAL CT STE A STE A VENICE FL 34292 VENICE FL 34292-1651 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0162184 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, MICHAEL W. Street Address (P.O. Box Number is Not Acceptable) 395 COMMERCIAL CT STE A VENICE FL 34292 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE MILLER, MICHAEL W. NAME NAME 395 COMMERCIAL CT, STE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VENICE FL D3429 ☐ Addition ☐ Change ☐ Delete TITLE TITLE PARRISH, JAYNE E. NAME STREET ADDRESS STREET ADDRESS 395 COMMERCIAL CT, STE A CITY-ST-ZIP CITY - ST - ZIP VENICE FL 34292 **VPD** Addition Change TITLE ☐ Delete TITLE MILLER, T D NAME NAME 395 COMMERCIAL CT, STE A STREET ADDRESS STREET ADDRESS VENICE FL 34292 CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 given like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

SIGNATURE AND TYPED OR PRINTED

Michael W Miller

3-29-00

Date

941-485-5263

Daytime Phone #