

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-24-2003 90645 047 ***150.00

DOCUMENT # **L85985**

1. Entity Name
ACE EDUCATIONAL SUPPLIES, INC.



Principal Place of Business

**5595 S. UNIVERSITY DR.
DAVIE FL 33328
US**

Mailing Address

**5595 S. UNIVERSITY DR.
DAVIE FL 33328
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0215033

Applied For

Not Applicable

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

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **LUDWIG, RICHARD**
CITY-ST-ZIP **5595 S. UNIVERSITY DR.
DAVIE FL**

TITLE ☐ Delete

NAME **VP**
STREET ADDRESS **LUDWIG, JR. R**
CITY-ST-ZIP **1091 S.W. 129 WAY
DAVIE FL**

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

SECRETARY
MARGARET J. LUDWIG
6500 NW 70 AVE.
TAMARAC, FL 33321

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Ludwig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-03 434-2773

CR2E034 (10/02)