2001 UNIFORM BUSINESS REPORT (1	UB	3F	Ř
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DOCUMENT # L9600000911 1. Entity Name ACES Q.C., L.C.					FILED				
AOLO Q.	· 2		,						
Principal Place of Business Mailing Address					-	01 JAN 24 PM	2:15		
1421 NW 47TH TERRACE GAINESVILLE FL 32605 1421 NW 47TH TERRACE GAINESVILLE FL 32605			Œ			SECRETARY OF	STATE		
					SECRETARY OF STATE TALBAHASSEE, FLORIDA				
							1871 38 71 6 (31 3 1		
2. Principal Place of Business 3. Mailing Address					1 .				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
									7
City & Star	te	City & State			4. FEI Number Applied For Not Applied For Not Applied For				┨
Zip	Country	Zip	Cour	· •	5. Certi	ficate of Status Desired	\$5.00 Add	fitional	1
· +-	6. Name and Address of Curren	t Registered Agent		<u> </u>		e and Address of New Registered	Fee Required Agent	d	
				Name					
	T, RODNEY J			Street Address ((P.O. Box N	lumber is Not Acceptable)			1
1421 NW 47TH TERRACE GAINESVILLE FL 32605									1
CHINESVI	ILLE I E S2003			City		FL	Zip Code	9	1
The above named entity submits this statement for the purpose of changing its rec			to reciptor			·	• '		
o. The above	e named entity submits this statement i	or the purpose of changing i	is register	ea office or register	rea agent,	or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NC	TF: Registere	d Agent signature required	tuthan rainetet	ng) DATE			
					- WINDITTE MALES	UAIL .	· · · · · · · · · · · · · · · · · · ·		
'				FEE IS \$50.00 o Department o	of Ctata	,			
		make Check F	ayable t	o pepartinent o	i State		·		
9.	MANAGING MEME		10.			ADDITIONS/CHANGES			6
TITLE NAME	MGR Bartlett, Rodney J	☐ Delete	TITLI NAM	1			□ Change	Addition	Ş
STREET ADDRESS	1421 NW 47TH TERRACE			ET ADDRESS		-200003602 01/30/010	:402	2	83
CITY+ST-ZIP	GAINESVILLE FL 32605			-ST-ZIP		*****50.00		12120 5 0. 00 .	R2E083 (11/00)
TITLE NAME	MGRM BARTLETT, BEVERLY F	☐ Delete	TITLI NAM				Change		Ö
STREET ADDRESS	1421 NW 47TH TERRACE			ET ADDRESS		•			
CITY-ST-ZIP	GAINESVILLE FL 32605		_	-ST-ZIP					
TITLE NAME	the state of the second second	Delete	- TITLE			water to the second of the second	Change	- Addition	= * :
STREET ADDRESS				ET ADDRESS		•			
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAM				☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		· ·	ÇITY	-ST-ZIP					
TITLE		Delete	TITLE			/ / /	☐ Change	☐ Addition	
NAME Street Address	•		NAMI STRE	E Et address		/ (
CITY-ST-ZIP		,		-ST-ZIP					
TITLE	-	☐ Defete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	%		NAM	E Et address					
CITY-ST-ZIP				-ST-ZIP					i
11. I hereby o	I certify that the information supplied wit	h this filing does not qualify f	or the exe	motion stated in Se	ection 119.0	07(3)(i), Florida Statutes. I further cert	tify that the in	formation	
indicated	on this report is true and accurate and bility company or the receiver or truste	that my signature shall have	e the same	legal effect as if m	nade undei	oath; that I am a managing membe	r or manager	r of the	
	^ @## N # OF		A CONTRACTOR	8					
SIGNAT	URE: Secretary	at litte - Be	ve ec	y F BART	LETT	1-19.01 (352)	377-825	7	