

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001849

1. Entity Name

AAA ACE HOME BUYERS LLC

FILED

00 JAN 26 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

132 MAGNOLIA BLUFF AVENUE  
JACKSONVILLE FL 32211

Mailing Address

132 MAGNOLIA BLUFF AVENUE  
JACKSONVILLE FL 32211-6932

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3536941

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAPIER, EUGENE  
132 MAGNOLIA BLUFF AVENUE  
JACKSONVILLE FL 32211

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**

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME NAPIER, EUGENE  
STREET ADDRESS 132 MAGNOLIA BLUFF AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE MGRM ☐ Delete  
NAME NAPIER, ALISTAIR P  
STREET ADDRESS 132 MAGNOLIA BLUFF AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32211

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 500002117885--3  
CITY-ST-ZIP -02/01/00--01041--016  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Eugene Napier

1/19/2000

Daytime Phone #

904-725-4114