

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023088

1. Entity Name
ACE MOTORCYCLE SAFETY, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90111 018 ***150.00

Principal Place of Business
668 NORTH ORANGE AVENUE
SUITE 1007
MAITLAND FL 32751

Mailing Address
668 NORTH ORANGE AVENUE
SUITE 1007
MAITLAND FL 32751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
668 N. Orlando Avenue
Suite, Apt. #, etc.
Suite 1007

3. Mailing Address
668 N. Orlando Avenue
Suite, Apt. #, etc.
Suite 1007

City & State
Maitland, FLORIDA

City & State
Maitland, FLORIDA

4. FEI Number
59-3674075

Applied For
Not Applicable

Zip
32751

Country
USA

Zip
32751

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TREADWAY, LAURA L
668 NORTH ORANGE AVENUE
SUITE 1007
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name
TREADWAY, LAURA L
Street Address (P.O. Box Number is Not Acceptable)
668 North Orlando Avenue
Suite 1007
City
Maitland FL Zip Code
32751

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 *Laura L Treadway*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME TREADWAY, LAURA L
STREET ADDRESS 668 NORTH ORANGE AVENUE SUITE 1007
CITY-ST-ZIP MAITLAND FL 32751 ☒ Delete

TITLE D
NAME BLOSER, MARK G
STREET ADDRESS 668 NORTH ORANGE AVENUE SUITE 1007
CITY-ST-ZIP MAITLAND FL 32751 ☒ Delete

TITLE D
NAME TORRES, PETER A
STREET ADDRESS 668 NORTH ORANGE AVENUE SUITE 1007
CITY-ST-ZIP MAITLAND FL 32751 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME JEFFREY N. FLANNERY
STREET ADDRESS 668 N. Orlando Avenue Suite 1007
CITY-ST-ZIP Maitland, FL 32751 ☐ Change ☒ Addition

TITLE D
NAME Judy Schult
STREET ADDRESS 668 N. Orlando Avenue, Suite 1007
CITY-ST-ZIP Maitland, FL 32751 ☐ Change ☒ Addition

TITLE PD
NAME LAURA L. TREADWAY
STREET ADDRESS 668 N. Orlando Ave Suite 1007
CITY-ST-ZIP Maitland, FL 32751 ☐ Change ☒ Addition

TITLE D
NAME Peter A. Torres
STREET ADDRESS 668 N. Orlando Ave. Suite 1007
CITY-ST-ZIP Maitland, FL 32751 ☐ Change ☒ Addition

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

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

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 other like empowered.

SIGNATURE: *Laura L Treadway*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01
Date

407-647-6344
Daytime Phone #

0613204

CR2E034 (10/00)