

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90136 009 \*\*\*550.00

**DOCUMENT # P00000023088**

1. Entity Name  
**ACE MOTORCYCLE SAFETY, INC.**



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

Mailing Address  
**668 NORTH ORLANDO AVENUE  
SUITE 1007  
MAITLAND FL 32751**

2. Principal Place of Business  
**2995 Stonewall Place**

3. Mailing Address  
**2995 Stonewall Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Sanford, FL**

City & State  
**Sanford, FL**

4. FEI Number  
**59-3674075**

Applied For  
Not Applicable

Zip Country  
**32773 USA**

Zip Country  
**32773 USA**

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

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

Name  
**TREADWAY, LAURA L**  
Street Address (P.O. Box Number is Not Acceptable)  
**2995 Stonewall Place**

City Zip Code  
**Sanford FL 32773**

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

(NOTE: Registered Agent signature required when reinstating)

7/16/03

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLANNERY, JEFFREY N 668 N ORLANDO AVE STE 1007 MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TREADWAY, LAURA L 668 N ORLANDO AVE STE 1007 MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLANNERY, JEFFREY N 2995 STONEWALL PLACE SANFORD, FL 32773</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TREADWAY, LAURA L 2995 STONEWALL PLACE SANFORD, FL 32773</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

7/16/03 407-936-6344  
Date Daytime Phone #

CR2E034 (4/03)