

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90083 003 ***150.00

002319

DOCUMENT # P0000086181

1. Entity Name

ACE MORTGAGE AND INVESTMENTS, INC.

Principal Place of Business
6955 BUSINESS PARK BLVD., NORTH
JACKSONVILLE FL 32256

Mailing Address
6955 BUSINESS PARK BLVD., NORTH
JACKSONVILLE FL 32256

2. Principal Place of Business
4378 Kelnepa Drive
 Suite, Apt. #, etc.

3. Mailing Address
4378 Kelnepa Drive
 Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. EEL Number
59 3670377

Applied For
 Not Applicable

Zip
32207

Country
U.S.

Zip
32207

Country
U.S.

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

CRITTENDEN, MARY G
6955 BUSINESS PARK BLVD., NORTH
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

4378 Kelnepa Drive

City

Jacksonville

FL

Zip Code
32207

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Mary Crittenden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01
 Date

904-730-3557
 Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE