

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086181

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

CRITTENDEN, MARY G

6955 BUSINESS PARK BLVD., NORTH
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Mary Crittenden	4378 Kelnepa Drive	Jacksonville, FL 32207		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

904-730-3557

Daytime Phone #

CR2E034 (10/00)

002319

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

04-10-2001 90083 003 ***150.00



DO NOT WRITE IN THIS SPACE