

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90154 013 ***150.00

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DOCUMENT # **P00000086181**

1. Entity Name
ACE MORTGAGE AND INVESTMENTS, INC.



Principal Place of Business
**4378 KELNEPA DRIVE
JACKSONVILLE FL 32207**

Mailing Address
**4378 KELNEPA DRIVE
JACKSONVILLE FL 32207**

30007000



2. Principal Place of Business
916 Alhambra Drive S.
Suite, Apt. #, etc.

3. Mailing Address
916 Alhambra Drive S.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI 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
4378 KELNEPA DRIVE
JACKSONVILLE FL 32207**

Name
Mary G. Crittenden
Street Address (P.O. Box Number is Not Acceptable)
916 Alhambra Drive S
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mary Crittenden**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/17/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** Delete
NAME **CRITTENDEN, MARY**
STREET ADDRESS **4378 KELNEPA DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **P** Change Addition
NAME **Crittenden, Mary**
STREET ADDRESS **916 Alhambra Drive S**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE: **Mary G. Crittenden**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/17/2003** DAYTIME PHONE # **904-396-6139**

CR2E034 (10/02)