

5/9.

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000084721**

1. Entity Name

ACE MANAGEMENT-SERVICES OF HILLSBOROUGH, INC.

Principal Place of Business

15320 CARLTON LAKE RD.
LITHIA FL 33547

Mailing Address

15320 CARLTON LAKE RD.
LITHIA FL 33547

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lithia

City & State

Lithia, FL

Zip

33547

Country

U.S.

Zip

33547

Country

U.S.

4. FEI Number

65-1136862

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ACEVEDO, SHELLY M
15320 CARLTON LAKE RD.
LITHIA FL 33547

7. Name and Address of New Registered Agent

Name: Shelly Acevedo
Street Address (P.O. Box Number is Not Acceptable)
10631 Browning Rd
City: Lithia FL Zip Code: 33547

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ACEVEDO, SHELLY M	
STREET ADDRESS	15320 CARLTON LAKE RD.	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACEVEDO, JAMES L	
STREET ADDRESS	15320 CARLTON LAKE RD.	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

FILED**Jun 12, 2002 8:00 am**
Secretary of State

05-09-2002 90091 013 ***150.00

34997



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)