## 2002 UNIFORM BUSINESS REPORT (UBR)

P01000120030

**DOCUMENT #** 1. Entity Name

ACE TOWING & STORAGE, INC.

Principal Place of Business

Mailing Address

5767 FIRESTONE ROAD JACKSONVILLE FL 32244 5767 FIRESTONE ROAD

JACKSONVILLE FL 32244

. Principal Place of Business	3. Mailing Address	Grove Ave	
3815 Spring	Grove Ave. 3815 Spring	Grove me	
Cuito Act # ato	Suite Ant # etc		



3815 Spring Grove Av	e. 3815 Spring	Grove Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Jacksonville, FI	City & State Tacksonvil	le, Fi	4. FEI Number
3.2.209 Country U. S. A.	3.2209	Country U-S-A.	5. Certificate of Status Desired   \$8.75 Additional Fee Required
✓ 6. Name and Address of Current	Registered Agent	The second second second	7. Name and Address of New Registered Agent
PRESSER, EDWIN 8853 SAN JOSE BOULEVARD JACKSONVILLE FL 32217		Name Street Addres	s (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
8. The above named entity submits this statement for	r the purpose of changing its re-	gistered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent	and litle if applicable. (NOTE: R	egistered Agent signature requ	ired when reinstating) DATE
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)		FEE IS \$150.00 Fee will be \$550.00 to Department of S	State Trust I and Communitions.
11. OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP Bringhanton N			esident Change Maddition erred Turner 189 Sheraton Lakes Cir. Middle burg Fl 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	STREET ADDRESS 5	ce President   Change Waddition ichael Steinman   The Firestone Rd   acksonville F1 32244
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	' ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13 Thereby certify that the information supplied with	n this filing does not qualify for the	ne exemption stated in signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information he 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 applicable, with all other like empowered.

**SIGNATURE:**