

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

DOCUMENT # P01000120030

1. Entity Name
ACE TOWING & STORAGE, INC.



03-24-2003 90954 001 *****8.75
03-24-2003 90954 002 ***150.00

Principal Place of Business
**3815 SPRING GROVE AVENUE
JACKSONVILLE FL 32209
US**

Mailing Address
**3815 SPRING GROVE AVENUE
JACKSONVILLE FL 32209
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **30-0032186**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PRESSER, EDWIN
8853 SAN JOSE BOULEVARD
JACKSONVILLE FL 32217**

Name

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

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 **TURNER, JERRED**
STREET ADDRESS **1789 SHERATON LAKES CIRCLE**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME **Glenn Wilhoite**
STREET ADDRESS **1370 Nicholson Rd.**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **VP** ☐ Delete
NAME **STEINMAN, MICHAEL**
STREET ADDRESS **5767 FIRESTONE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
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CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE REQUIRED **Jerred Turner**

3/21/03 (904) 813-3182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0026300 AV

CR2E034 (10/02)