

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90163 008 ***150.00

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DOCUMENT # P02000057777

1. Entity Name
ACE MARKET NETWORK, INC.



Principal Place of Business
1118 CROWN ISLE CIRCLE
APOPKA FL 32712

Mailing Address
1118 CROWN ISLE CIRCLE
APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

PO Box 1191

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Apopka FL

4. FEI Number

75 3060405

Applied For

Not Applicable

Zip

Country

32704-1191

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COLLINS, TOM M
1118 CROWN ISLE CIRCLE
APOPKA FL 32712

7. Name and Address of New Registered Agent

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

TITLE P
NAME COLLINS, TOM M
STREET ADDRESS 1118 CROWN ISLE CIRCLE
CITY-ST-ZIP APOPKA FL 32712

☐ Delete

TITLE V
NAME COLLINS, JANET K
STREET ADDRESS 1118 CROWN ISLE CIRCLE
CITY-ST-ZIP APOPKA FL 32712

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS/T/D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 an officer empowered.

SIGNATURE:

Tom Michael Collins **RESIGNED Tom Michael Collins 4/28/03 407-884-8071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)