

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90109 041 ***550.00

DOCUMENT # P02000057901

1. Entity Name

ACE OVERHEAD DOORS, INC.



Principal Place of Business

2910 INVERNESS PLACE
PENSACOLA FL 32503

Mailing Address

2910 INVERNESS PLACE
PENSACOLA FL 32503

2. Principal Place of Business

3249 Maplewood Dr.

Suite, Apt. #, etc.

3. Mailing Address

3249 Maplewood Dr.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Gulf Breeze, FL

Zip
32563

Country
USA

City & State

Gulf Breeze, FL

Zip
32563

Country
USA

4. Fil Number

460491348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGERS, BRANDON
2910 INVERNESS PLACE
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

Segers, Brandon

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

3249 Maplewood Drive

City

Gulf Breeze

FL

Zip Code

32563

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-3-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 SEGERS, BRANDON
STREET ADDRESS 2910 INVERNESS PLACE
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-03

Date

(850) 380-4280

Daytime Phone #

0007071 AV

CR2E034 (4/03)