

2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/12/2005-90004-005-\$150.00-\$150.00

DOCUMENT # P02000060557

1. Entity Name:
A.C.E. 102 INVESTMENTS, INC.



05 OCT -1- AM 9:11

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10132 WILSON AVENUE
SEMINOLE, FL 33776 US

Mailing Address
10132 WILSON AVENUE
SEMINOLE, FL 33776 US

2. Principal Place of Business
8601 4TH ST. NORTH
SUITE 302
ST. PETERSBURG, FL
33702

3. Mailing Address
8601 4TH ST. NORTH
SUITE 302
ST. PETERSBURG, FL
33702

08082005 (Chg-1) CH2F034 (10/03)

4. FEI Number
74-3054854

Applied For
(Not Applicable)

5. Certificate of Status Desired
\$8.75 Acknowledgment Fee Required

6. Name and Address of Current Registered Agent

SCHULER, TIMOTHY C
9075 SEMINOLE BLVD
SEMINOLE, FL 33772

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

FILE NOW!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Total Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

NAME	DP	☐ Delete
STREET ADDRESS	EWONAITIS, ANTHONY	
CITY, ST, ZIP	12109 83 AVE N SEMINOLE, FL 33772	
NAME	OVST	☒ Delete
STREET ADDRESS	EWONAITIS, JENNIFER	
CITY, ST, ZIP	10132 WILSON AVENUE SEMINOLE, FL 33776	
NAME		☐ Delete
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ Delete
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ Delete
STREET ADDRESS		
CITY, ST, ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, ST, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, ST, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, ST, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, ST, ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(1)(f), Florida Statutes. I further certify that the information included 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 person authorized 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 office like completed.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED

Signature Date