

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90456 044 \*\*\*150.00

**DOCUMENT # P92000012929**

1. Entity Name  
**ACE MANAGEMENT, INC.**

Principal Place of Business <b>5549 COASTAL DR                  STE 2315                  BOCA RATON FL 33487                  US</b>	Mailing Address <b>7491 N FEDERAL HWY., CS                  PMD 261                  BOCA RATON FL 33487                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6746 FINAMORE CIRCLE</b>	3. Mailing Address <b>6746 FINAMORE CIRCLE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LAKE WORTH, FL</b>	City & State <b>LAKE WORTH, FL</b>
Zip <b>33467</b>	Country <b>Palm Beach</b>
Zip <b>33467</b>	Country <b>Palm Beach</b>

4. FEI Number <b>65-0382578</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**BOARDMAN, ELLIOT B  
 5549 COASTAL DRIVE  
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent  
 Name **BOARDMAN, ELLIOT B**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6746 FINAMORE CIRCLE**  
 City **LAKE WORTH** FL Zip Code **33467**

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.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  
 **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOARDMAN, ELLIOT</b> <b>5549 COASTAL DRIVE</b> <b>BOCA RATON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>BOARDMAN, PATRICIA</b> <b>5549 COASTAL DRIVE</b> <b>BOCA RATON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOARDMAN, ELLIOT</b> <b>6746 FINAMORE CIRCLE</b> <b>LAKE WORTH, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>BOARDMAN, PATRICIA MULLIN</b> <b>6746 FINAMORE CIRCLE</b> <b>LAKE WORTH, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **P B Mullin** **P B MULLIN** **4.26.01** **561/432.8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)