

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024909

1. Entity Name  
A.C.E. OF NORTH FLORIDA, INC.

Principal Place of Business  
12584 POINT PARK DRIVE  
JACKSONVILLE FL 32225

Mailing Address  
12584 POINT PARK DRIVE  
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3316709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

AGOSTINO, JOHN F  
2771 - 29 MONUMENT ROAD 365  
JACKSONVILLE FL 32225

## 7. Name and Address of New Registered Agent

Name John F. Agostino

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

4102-2 Bulls Bay Highway

City Jacksonville

FL

Zip Code 32219

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 John F. Agostino John F. Agostino Vice President 1/6/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 VP  
NAME AGOSTINO, JOHN F  
STREET ADDRESS % 12584 POINT PARK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE AS  
NAME BARBARA AGOSTINO  
STREET ADDRESS 12584 POINT PARK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE AVP  
NAME GARNER, STEVE  
STREET ADDRESS 13885 IRIS POINT BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32224 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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: John F. Agostino 1/6/02 (904) 642-1323  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED  
Jan 09, 2002 8:00 am  
Secretary of State

01-09-2002 90003 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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