

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024909

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



FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90074 004 ***150.00

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
445 TIESCA ROAD

3. Mailing Address
445 TIESCA ROAD

Suite, Apt. #, etc.
Unit 104

Suite, Apt. #, etc.
Unit 104

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32225

Country
USA

Zip
32225

Country
USA



☒ CHECK HERE IF MAKING CHANGES

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
4102-2 BULLS BAY HIGHWAY
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name John F. Agostino
Street Address (P.O. Box Number is Not Acceptable)
445 TIESCA ROAD #104
City JACKSONVILLE FL Zip Code 32225

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 John F. Agostino John F. Agostino 1/22/03
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 VP ☐ Delete
NAME AGOSTINO, JOHN F
STREET ADDRESS % 12584 POINT PARK DRIVE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME John F. Agostino
STREET ADDRESS 3213 ABBEYFIELD DR. E.
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE AS ☒ Change ☐ Addition
NAME Barbara F. Agostino
STREET ADDRESS 3213 ABBEYFIELD DR. E.
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ASSISTANT VICE PRESIDENT ☐ Change ☒ Addition
NAME Phillip Martin III
STREET ADDRESS 8320 SPRINGTREE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32210

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

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

TITLE ☐ Change ☐ Addition
NAME
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 119.07(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: John F. Agostino 1/22/03 904 855 4150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)