

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

0016635

**DOCUMENT # P95000044318**

1. Entity Name  
**ACE AUTOMOTIVE REPAIR OF JAX, INC**

05-14-2001 90100 008 \*\*\*150.00

|  |  |
|--|--|
| Principal Place of Business<br><b>8328-2 BEACH BLVD<br/>         JACKSONVILLE FL 32216</b> | Mailing Address<br><b>8328-2 BEACH BLVD<br/>         JACKSONVILLE FL 32216</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |

|                                 |                |
|---------------------------------|----------------|
| 4. FEI Number <b>59-3318138</b> | Applied For    |
|                                 | Not Applicable |

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DAVIS, ALBERT III  
 12653 DEEDER LANE  
 JACKSONVILLE FL 32258**

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.  
 SIGNATURE *[Signature]* / **AL DAVIS III / Pres./CEO.** **4-23-01**  
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, 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                      | <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>ADKISON, DONALD L</b>                   |
| STREET ADDRESS             | <b>11245 PORTSIDE DR</b>                   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL 32225</b>               |
| TITLE                      | <input type="checkbox"/> Delete            |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete            |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete            |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete            |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | <b>AL DAVIS III</b>  |
| STREET ADDRESS  | <b>12653 DEEDER LANE</b>   |
| CITY-ST-ZIP   | <b>JAX, FL 32258</b>   |
| TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | <b>AL DAVIS SR.</b>  |
| STREET ADDRESS  | <b>1456 CLAYTONVILLE RD.</b>   |
| CITY-ST-ZIP   | <b>SWITZERLAND, FL 32259</b>   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/01** **904-641-7350**  
Date Daytime Phone #

CR2E034 (10/00)