

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90012 044 ***158.75

0056189 AV

DOCUMENT # P95000053429

1. Entity Name
ACE TITLE LOAN, INC.

Principal Place of Business

Mailing Address

~~8961 PENSACOLA BLVD~~
~~#101~~
~~PENSACOLA FL 32534~~
~~US~~

PO BOX 5470
 DESTIN FL 32540
 US



2. Principal Place of Business

3. Mailing Address

932 CANDLESTICK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA, FLORIDA

City & State

4. FEI Number **59-3327927**

Applied For
 Not Applicable

Zip **32514**

Country **U.S.A.**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REEVES, REAGAN J

~~8961 PENSACOLA BLVD #101~~
~~PENSACOLA FL 32534~~

Name

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

932 CANDLESTICK

City

PENSACOLA,

FL

Zip Code

32514

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPST** ☐ Delete
 NAME **GALEY, JOHN N.**
 STREET ADDRESS ~~8961 PENSACOLA BLVD #101~~
 CITY-ST-ZIP ~~PENSACOLA FL 32534~~

TITLE ☒ Change ☐ Addition
 NAME **932 CANDLESTICK**
 STREET ADDRESS **PENSACOLA, FL 32514**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **John N. Galey** **JOHN N. GALEY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

Date

850 654-0566

Daytime Phone #

CR2E034 (9/01)