

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086400

1. Entity Name

ACE PUMP SOUTH, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90020 034 ***150.00

Principal Place of Business

**50 NORTH TAMiami TRAIL
 OSPREY FL 34229**

Mailing Address

**50 NORTH TAMiami TRAIL
 OSPREY FL 34229-9431**



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

65-0612886

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

7. Name and Address of New Registered Agent

**ISARD, JOANNE L
 50 NORTH TAMiami TRAIL
 OSPREY FL 34229**

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, 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, 2000 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	PST	<input type="checkbox"/> Delete
NAME	ISARD, JOANNE L	
STREET ADDRESS	50 N TAMiami TR	
CITY-ST-ZIP	OSPREY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOWE, CATHERINE A	
STREET ADDRESS	50 N TAMiami TR	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: Joanne Isard **Joanne Isard Pres.** 4/6/00 941-2433
 _____ Date Daytime Phone #

CR2000 10/00