

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90428 041 \*\*\*150.00

**DOCUMENT # P96000071923**  
1. Entity Name  
*ACE EXCAVATING EQUIPMENT, INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2207 PINGHURST ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>2207 PINGHURST ST</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34231</b>	Country	Zip <b>34231</b>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0711723</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ROBERT ROWE**

Street Address (P.O. Box Number is Not Acceptable)  
**2207 PINGHURST ST**

City **SARASOTA** **FL** Zip Code **34231**

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.

**January 1 - May 1: Fee is \$150.00**  
**After May 1: Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 <b>PSTD</b>	NAME <b>ROBERT ROWE</b>	STREET ADDRESS <b>2207 PINGHURST ST.</b>	CITY-ST-ZIP <b>SARASOTA, FL. 34231</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE: BY** *[Signature]* **-PRES. ROBERT ROWE -PRES 04-09-02 (941) 342-0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/01)