

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092467

1. Entity Name

ACE ALUMINUM AND CONCRETE INC

FILED

Jul 24, 2000 8:00 am  
Secretary of State

07-24-2000 90010 039 \*\*\*558.75

Principal Place of Business

38525 2ND AVE  
ZEPHYRHILLS FL 33540

Mailing Address

38525 2ND AVE  
ZEPHYRHILLS FL 33540

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3415013

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, RAY A  
38843 S AVENUE  
ZEPHYRHILLS FL 33540

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, 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 VP  
NAME DANIELS, PAM  
STREET ADDRESS 38843 S AVE  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE S  
NAME DANIELS, RANDY  
STREET ADDRESS 6416 ANGUS VALLEY DR  
CITY-ST-ZIP ZEPHYRHILLS FL 33544

TITLE P  
NAME DANIELS, RAY  
STREET ADDRESS 38843 S AVE  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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:

Pam Daniels  
Pam Daniels  
Pam Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-00

813-782-2616

CH E03: (1/2)