

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

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90028 022 ***158.75

DOCUMENT # *P96000092467*

1. Entity Name

ACE Aluminum and Concrete Inc.



DO NOT WRITE IN THIS SPACE

44021529

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

38525 2nd Ave.

Suite, Apt. #, etc.

3. Mailing Address

38525 2nd Ave.

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

City & State

Zephyrhills FL

4. FEI Number

593415013

Applied For

Not Applicable

Zip

33542

Country

USA

Zip

33542

Country

USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Daniels Ray

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

38843 South Ave.

City

Zephyrhills

FL

Zip Code

33542

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Ray A. Daniels

3-22-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Daniels, Ray 38843 South Ave. Zephyrhills, FL 33542</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President Daniels, Pam 38843 South Ave. Zephyrhills FL 33542</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Secretary Casarez, Ezequiel 8115 23rd St. Zephyrhills, FL 33542</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04

Date

Daytime Phone #

813-782-2616

CR2E034B (12/02)