

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015669

1. Entity Name

ACE APPLIANCE PARTS INC.

Principal Place of Business

Mailing Address

9827 BEACH BLVD.
JACKSONVILLE FL 32246

9827 BEACH BLVD.
JACKSONVILLE FL 32246-4703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9845 Beach Blvd

9845 Beach Blvd

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

Zip

Country

Zip

Country

32246 DUVAL

32246 DUVAL

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRENCE, TROY D
3009 TWIN OAKS DR.
MIDDLEBURG FL 32069

903 Arthur Moore Dr.
Green Cove Springs
FL 32243

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	TORRENCE, TROY	
STREET ADDRESS	3009 TWIN OAKS DR. 903 Arthur Moore Dr	
CITY-ST-ZIP	MIDDLEBURG FL 32069 Green Cove Springs FL 32243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90027 048 ***150.00

80001803



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3457857

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required