

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0521149 AV

DOCUMENT # P97000032031

1. Entity Name

ACE PUMP AND SPRINKLER, INC.

04-01-2002 90627 039 ***150.00

Principal Place of Business

**1834 MAIN ST
 SARASOTA FL 34236**

Mailing Address

**1834 MAIN ST
 SARASOTA FL 34236**

2. Principal Place of Business

2050 12th St
 Suite, Apt. #, etc.

3. Mailing Address

2050 12th St
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Sarasota FL

City & State
Sarasota FL

4. FEI Number
59-2148932

Applied For
 Not Applicable

Zip
34237

Country

Zip
34237

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

**PADEREWSKI, ALEXANDER G
 1834 MAIN ST
 SARASOTA FL 34236**

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 GOLDSTEIN, ROBERT
 2050 12TH ST
 SARASOTA FL 34237** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ST
 GOLDSTEIN, MARCIA
 2050 12TH ST
 SARASOTA FL 34237** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Marcia Goldstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02
 Date

941 3664838
 Daytime Phone #

CR2E034 (9/01)