

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

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90737 009 \*\*\*150.00

**DOCUMENT #** P470000055432  
1. Entity Name AYCE, INC.  
#257

**DO NOT WRITE IN THIS SPACE**

**80061892**

2. Principal Place of Business 2440 S.R. 580  
Suite, Apt. #, etc.  
3. Mailing Address 1135 So. Pasadena Ave.  
Suite, Apt. #, etc. Suite 327C

DO NOT WRITE IN THIS SPACE

City & State CLEARWATER, Florida  
City & State ST. PETERSBURG, FL  
Zip 33761 Country USA Zip 33707 Country USA

4. FEI Number 59-3453991 Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name BERTRAND LISA M.  
Street Address (P.O. Box Number is Not Acceptable) 2807 KIPPS COLONY DRIVE  
City GULFPORT, FL Zip Code 33707

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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 NAME STREET ADDRESS CITY - ST - ZIP	<u>BERTRAND LISA M.</u> <u>2807 KIPPS COLONY DRIVE</u> <u>GULFPORT, FLORIDA 33707</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ 3/28/02 (727) 344-5053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)