

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000089910**

1. Entity Name

ACE TAXI INC

APPROVED
AND
FILED

00 APR 25 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**837 Gamble St
Tallahassee, Fla 32310**

Mailing Address

**1928 CHARLATS ST
TALLAHASSEE, FLA 32311**

2. Principal Place of Business

837 Gamble St

3. Mailing Address

1928 CHARLATS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FLA

City & State

TALLAHASSEE, FLA

4. FEI Number

59-3478277

Applied For

Not Applicable

Zip

32310

Country

USA

Zip

32311

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLARICE J. WOODARD
837 Gamble St
TALLAHASSEE, FLA 32310**

7. Name and Address of New Registered Agent

Name **CLARICE J. WOODARD**
Street Address (P.O. Box Number is Not Acceptable)
1928 CHARLATS ST
City **TALLAHASSEE, FL** Zip Code **32311**

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

Clarice J. Woodard

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 **P. Clarice J. Woodward** ☐ Delete
NAME
STREET ADDRESS **837 Gamble St**
CITY-ST-ZIP **Tallahassee FL 32311**

TITLE **V.P. Willie J. Woodward** ☐ Delete
NAME
STREET ADDRESS **837 Gamble St**
CITY-ST-ZIP **Tallahassee FL 32311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Clarice J. Woodard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2000 **8781697**

Date

Daytime Phone #

CR2F034 (9/99)