

2001 UNIFORM BUSINESS REPORT (UBR)

0460669

DOCUMENT # P97000089910

1. Entity Name
ACE TAXI, INC.

FILED
01 APR 23 AM 8:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
837 GAMBLE ST
TALLAHASSEE FL 32311
US

Mailing Address
1928 CHARALIS STREET
TALLAHASSEE FL 32311
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3478277**

Applied For
Not Applicable

Zip Country

Zip 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

WOODARD, CLARICE J
1928 CHARLAIS ST
TALLAHASSEE FL 32311

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, 2001 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 **P** ☐ Delete
NAME **WOODWARD, CLARICE J**
STREET ADDRESS **837 CHARALIS ST**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition
NAME **4000004163614--9**
STREET ADDRESS **-05/08/01--01142--014**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE **VP** ☐ Delete
NAME **WOODWARD, WILLIE J**
STREET ADDRESS **837 GAMBLE ST**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clarice J. Woodward*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2001 **8781697**
Date Daytime Phone #

CR2E034 (10/00)