2001 UNIFORM BUSINESS REPORT (UBR)									FILE	E <b>D</b>				
DOCUMENT # P97000097915  1. Entity Name ACE DEVELOPMENT INC.								Mar 31, 2001 08:00 AM Secretary of State						
Principal Plac		s		Mailing Address 8413 MAN-O-WAR RD.		<u> </u>								
PALM BEACH 33418	I GARDENS	FL		PALM BEACH GARDENS 33418		FL								
2. Principal Place of Business 306 ST. LUCIA LANE				3. Mailing Address 306 ST. LUCIA LANE								-		
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					DO NOT W	RITE IN THIS	SPACE		_	
City & State	e	FL		City & State JUPITER		FL		4. FEI Numbe 65-09494				Applied Not Ap	d For plicable	
Zip 33458		Country		Zip 33458	Cour	ntry		5. Certificate	of Status Desired	<b>d</b>	\$8.75 Fee Reg		al	
	6. Name	and Address of Curr	ent Re	gistered Agent				7. Name and	Address of Nev	v Registered				1
DOSS DON E 8413 MAN-O-WAR RD.							DO ddress (P.0 LUCIA LA	D. Box Numbe	r is Not Accepta	ble)		<u></u> -	- <u>-</u>	
PALM BEA 33418	.CH GARDE	NS	FL			City JUPITEI	R			FI	, ,	Code	<u></u>	-
8. The above	named entit	y submits_this statemer	nt for th	ne purpose of changing its	register	1		agent, or boti	i, in the State of		334	58		1
SIGNATURE .	Signature, typed	or printed name of registered a	- gent and	title if applicable. (NOTE	: Registere	ed Agent signati	ure required wh	nen reinstating)		- 03/3	<u>1/2001</u>			
Tax filing r		ible to satisfy its Intang and elects to do so.	ible	FILE NOW!  After MAY 1, 20  Make Check Payab	01 Fee	will be \$5	550.00	Tens	ction Campaign st Fund Contribu	~ .		<b>5.00</b> Mided to F		
11.		OFFICERS A	ND DI		12.	N-107		ADDITIONS/	CHANGES TO C	FFICERS AN	D DIRECT	ORS IN	11	_ [
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DON E N-O-WAR RD NACH GARDENS		☐ Delete FL 33418			P DOSS 306 ST. JUPITE	DON E LUCIA LANE R		FL	33458	ige 🗀	Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete ,		-				•	☐ Char	ige	Addition	CR2E
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Char	ge 🗀	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	ie Eet address '-st-zip					☐ Char		Addition	
of the cor	poration or ti or on an atta	n or supplemental report of the receiver or trustee eachment with an address	mpowe	is filing does not qualify for ue and accurate and that ne red to execute this report n all other like empowered.	ny signa as requi	iture shall h ired by Cha	ava tha ca	me jegal attact	se if mada unde	ar aath, that l	am an off	ione or d	irantor	
		SIGNATURE AND TYPED	OR PRIN	TED NAME OF SIGNING OFFICER	OR DIRECT	TOR			Date		Daytime Phor	e#		1

Date

Daytime Phone #