

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000420

1. Entity Name
ACE FIRE SPRINKLER, INC.

FILED

02 OCT 24 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2182 MONTELIAR
WESTON FL 33326

Mailing Address

2182 MONTELIAR
WESTON FL 33326

2. Principal Place of Business

4960 SW 52ND ST

Suite, Apt. #, etc.

BAY #416

3. Mailing Address

4960 SW 52ND ST

Suite, Apt. #, etc.

BAY #416

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

4. FEI Number

65-0804210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SIMPSON, GUY R
6508 SW 41ST PLACE
DAVIE FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
ROMAN, SHEREE
2182 MONT PELIAR
WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200008564902
10/24/02--01037--004 **150.00

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

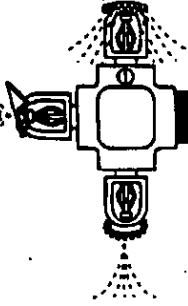
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

21 10/25/02



ACE
FIRE SPRINKLER, inc.

Attachment
Inv. # P98000000420
928626

9/5/02

I have never received
prior notice for this. I spoke
with someone at the number
indicated on the forms sent and
she said to send \$150.00
along with this letter. I am
complying.

Thank You

Shere-Roma



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 11, 2002

ACE FIRE SPRINKLER, INC.
4960 SW 52ND ST
BAY #416
DAVIE, FL 33314

Subject: **ACE FIRE SPRINKLER, INC.**

Reference Number: **P98000000420**

/JN
ANNUAL REPORTS SECTION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

September 11, 2002

ACE FIRE SPRINKLER, INC.
4960 SW 52ND ST
BAY #416
DAVIE, FL 33314

Subject: ACE FIRE SPRINKLER, INC.

Reference Number: ~~P98000000420~~

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

**~~TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,~~
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.