

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

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90050 044 \*\*\*150.00

DOCUMENT # P99000055992  
1. Entity Name

ACE CONCRETE INC.

**DO NOT WRITE IN THIS SPACE**

33765

2. Principal Place of Business 9055 BRIDGECREEK DR 3. Mailing Address 6001-30 ARGYLE FOREST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FFL Number

Applied For

JACKSONVILLE, FL

JACKSONVILLE, FL

593587209

Not Applicable

Zip 32244

Country USA

Zip 32244

Country USA

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

STACY SMITH

Street Address (P.O. Box Number is Not Acceptable)

9055 BRIDGECREEK DRIVE

City JACKSONVILLE, FL

Zip Code 32244

**DO NOT WRITE  
IN THIS SPACE**

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

PRESIDENT

(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)

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 PRESIDENT  
NAME STACY SMITH  
STREET ADDRESS 9055 BRIDGECREEK DRIVE  
CITY-STATE-ZIP JACKSONVILLE, FL 32244

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CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

904-291-0994

Daytime Phone #

CR2E034B (12/01)