

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093545

1. Entity Name

JACE INDUSTRIES, INC.

Principal Place of Business

1806 SE HWY 301
P.O. BOX 1976
HAWTHORNE FL 32640

Mailing Address

1806 SE HWY 301
P.O. BOX 1976
HAWTHORNE FL 32640

2. Principal Place of Business

4430 NW 14 Place

3. Mailing Address

1806 SE HWY 301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 1976

City & State

Gainesville, FL

City & State

Hawthorne, FL

4. FEI Number

59-3644424

Applied For

Not Applicable

Zip

32605

Country

Alachua

Zip

32640

Country

Alachua

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, ALFREIDA
4430 NW 14TH PL.
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name Alfreida Coleman

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

4430 NW 14th Place

City

Gainesville

FL

Zip Code

32605

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 ☐ 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

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 President
STREET ADDRESS Alfreida Coleman
CITY-ST-ZIP 4430 NW 14 PL Gainesville FL 32605

TITLE ☐ Change ☐ Addition
NAME VP/T
STREET ADDRESS Jaquelyn Christian
CITY-ST-ZIP 1806 SE HWY 301 Hawthorne, FL 32640

TITLE ☐ Change ☐ Addition
NAME SECRETARY/T
STREET ADDRESS Catherine Hill
CITY-ST-ZIP 5621 NW 27 Terr Gainesville, FL 32605

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

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

TITLE ☐ Change ☐ Addition
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:

Alfreida Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00 374-5600 WH 8915
Date Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90151 006 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)