

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**  
 04-11-2001 90078 021 \*\*\*155.00

0472031

**DOCUMENT # P99000093545**

1. Entity Name  
**JACE INDUSTRIES, INC.**

Principal Place of Business

**4430 NW 14 PLACE  
 GAINESVILLE FL 32605**

Mailing Address

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

2. Principal Place of Business

**4430 NW 14 Place**  
 Suite, Apt. #, etc.

3. Mailing Address

**1806 SE HWY 301**  
 Suite, Apt. #, etc.  
**PO BOX 1976**

City & State

**Gainesville, FL**

City & State

**Hawthorne FL**

Zip

**32605**

Country

Zip

**32640**

Country

4. FEI Number

**59-3644424**

Applied For

☒ Not Applicable

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

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

*Alfreida Coleman*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/6/01**  
 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COLEMAN, ALFREIDA</b>	
STREET ADDRESS	<b>4430 NW 14 PL</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTIAN, JACQUELYN</b>	
STREET ADDRESS	<b>1806 SE HW 301</b>	
CITY-ST-ZIP	<b>HAWTHORNE FL 32640</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, CATHERINE</b>	
STREET ADDRESS	<b>5621 NW 27 TERR</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

**Alfreida Coleman**

Date

**4/6/01**

Daytime Phone #

**8915**

CR2E034 (10/00)

**740330**



DO NOT WRITE IN THIS SPACE