

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

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90062 012 ***158.75

DOCUMENT # **P99000093545**

1. Entity Name

JACE Industries, Inc.



DO NOT WRITE IN THIS SPACE

94067539

2. Principal Place of Business

4430 NW 14 Place

Suite, Apt. #, etc.

3. Mailing Address

4430 NW 14 Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

593644424

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

32605

Country

USA

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Alfreida Coleman

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

4430 NW 14 Place

City

Gainesville

FL

Zip Code

32605

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

SIGNATURE

Alfreida Coleman President

4/26/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 6 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.V.T.S.
Alfreida Coleman
4430 NW 14 Place
Gainesville, FL 32605**

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alfreida Coleman President**

4/26/04 (352) 372-6174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)