

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14053

1. Entity Name

ACE DISCOUNT MEDICAL INC

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90099 007 \*\*\*150.00

Principal Place of Business

1139 S TAMiami TRAIL  
SARASOTA FL 34236

Mailing Address

1139 S TAMiami TRAIL  
SARASOTA FL 34239-3607

00000844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1906 Hillview

3. Mailing Address  
1906 Hillview

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sarasota Florida

City & State  
Sarasota Florida

4. FEI Number 65-0312920

Applied For  
Not Applicable

Zip Country  
34239 Sarasota

Zip Country  
34239 Sarasota

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALL, BRYAN A.  
~~1139 S TAMiami TRAIL~~ 3233 Gocio Rd.  
SARASOTA FL ~~34236~~ 34235

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

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BALL, BRYAN A.  
CITY-ST-ZIP ~~1139 S TAMiami TRAIL~~ 3233 Gocio Rd  
SARASOTA FL 34235

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BOWSER, MARY M.  
CITY-ST-ZIP 930 S TAMiami TRAIL  
VENICE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

Mary M. Bowsher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-04-00 (941)365-6677

CR2F034/0/00