

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V32482**

1. Entity Name
ACE'S RECORDS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90351 029 ***150.00

Principal Place of Business
**1518 E. FOWLER AVENUE
TAMPA FL 33612**

Mailing Address
**1518 E. FOWLER AVENUE
TAMPA FL 33612**

2. Principal Place of Business
P.O. Box 7078
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7078
Suite, Apt. #, etc.

City & State
WESLEY CHAPEL, FL

City & State
WESLEY CHAPEL, FL

Zip
33543

Country
USA

Zip
33543

Country
USA

4. FEI Number **59-3118118**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKINNON, HEATHER
1518 E. FOWLER AVE.
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name **HEATHER MCKINNON**

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

7403 RICHLAND STREET

City **ZEPHYRHILLS**

Zip Code **33544**

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  **HEATHER MCKINNON - PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

4-16-01
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 **DPST** ☐ Delete
NAME **MCKINNON, HEATHER**
STREET ADDRESS **1518 E. FOWLER AVENUE**
CITY-ST-ZIP **TAMPA FL**

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 **DPST** ☒ Change ☐ Addition
NAME **HEATHER MCKINNON**
STREET ADDRESS **7403 RICHLAND STREET**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33544**

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

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:  **HEATHER MCKINNON** **4-16-01** **813-978-9655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)