

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90233 028 ***150.00

DOCUMENT # **V67857**

1. Entity Name
ACE EQUIPMENT, INC.

Principal Place of Business
**2920 ST. AUGUSTINE ROAD
 JACKSONVILLE FL 32207**

Mailing Address
**2920 ST. AUGUSTINE ROAD
 JACKSONVILLE FL 32207**

2. Principal Place of Business
3508 Philips Hwy
 Suite, Apt. #, etc.

3. Mailing Address
3508 Philips Hwy
 Suite, Apt. #, etc.

City & State
Jacksonville FLA
 Zip
32207
 Country
DUVAL

City & State
Jacksonville FLA
 Zip
32207
 Country
DUVAL

4. FEI Number **59-3144114**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PIONESSA, G.J.
**2920 ST AUGUSTINE ROAD
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **PIONESSA, G.J.**
 Street Address (P.O. Box Number is Not Acceptable)
3508 Philips Hwy.
 City **JACKSONVILLE** Zip Code **32207**

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 re-registering)

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 NAME STREET ADDRESS CITY-STATE-ZIP	PD PIONESSA, G.J. 2920 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD PIONESSA, G.J. 3508 Philips Hwy JACKSONVILLE, FL 32207	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE PRESIDENT ROBERTS, KENNETH A. 3508 Philips Hwy JACKSONVILLE FLA. 32207	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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:

G.J. PIONESSA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01
 Date

904 396 1117
 Daytime Phone #

CR2E034 (10/00)