

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90014 039 ***158.75

DOCUMENT # V69101

1. Entity Name

ACE DOOR SERVICE, INC.

Principal Place of Business

9123 HARE AVE
JACKSONVILLE FL 32211
US

Mailing Address

9123 HARE AVE
JACKSONVILLE FL 32211
US

2. Principal Place of Business

9123 Hare Ave

3. Mailing Address

9123 Hare Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3142728

Applied For

Not Applicable

Zip

32211

Country

Duval

Zip

32211

Country

Duval

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALE, GARY S
3929 SAN REMO DR
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name Victor A. Hale

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

9123 Hare Ave

City Jacksonville

FL

Zip Code 32211

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 Victor A. Hale Victor A. Hale 1-18-2001

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, 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 VP
NAME HALE, GARY S.
STREET ADDRESS 3929 SAN REMO DR
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE P
NAME HALE, VICTOR A.
STREET ADDRESS 1134 W. MONTEGO RD
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE T
NAME YOUNG, MARK
STREET ADDRESS 10932 PUTNEY CT
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2001 (904) 727-6811

Date

Daytime Phone #

0456087

CR2E034 (10/00)