

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90462 007 \*\*\*150.00

**DOCUMENT # P95000044318**

1. Entity Name  
**ACE AUTOMOTIVE REPAIR OF JAX, INC**

Principal Place of Business  
**8328-2 BEACH BLVD  
 JACKSONVILLE FL 32216**

Mailing Address  
**8328-2 BEACH BLVD  
 JACKSONVILLE FL 32216**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Zip Country

4. FEI Number **59-3318138**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DAVIS, ALBERT III  
 12653 DEEDER LANE  
 JACKSONVILLE FL 32258**

7. Name and Address of New Registered Agent  
 Name **DAVIS III, ALBERT**  
 Street Address (P.O. Box Number is Not Acceptable) **12323 MESA VERDE TRAIL**  
 City **JACKSONVILLE** FL **32223**

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 **ALBERT DAVIS III CEO** DATE **4-26-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, AL III</b>	
STREET ADDRESS	<b>12653 DEEDER LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, AL KR</b>	
STREET ADDRESS	<b>1456 BRAKSONVILLE ROAD</b>	
CITY-ST-ZIP	<b>SWITZERLAND FL 32259</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DICM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, AL III</b>	
STREET ADDRESS	<b>12323 MESA VERDE TRAIL</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>DAVIS, AL SR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, AL SR.</b>	
STREET ADDRESS	<b>1456 BRAKSONVILLE RD.</b>	
CITY-ST-ZIP	<b>SWITZERLAND FL 32259</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature]** DATE: **4-26-02** DAYTIME PHONE #: **904-724-0944**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)