FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 568330 1. Entity Name PACE MACHINE & TOOL COMPANY					Feb 28, 2002 8:00 am Secretary of State 02-28-2002 90002 036 ***150.00			
Principal Place of Business 1425 COMMERCE LANE JUPITER FL 33458		Mailing Address 1425 COMMERCE LANE JUPITER FL 33458			T KORNAN ANNIN ANNAN KORAN KURAN KURAN ANNI	Han anan arah anan a	1461) BIDĞI (1861	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	59-1839717		plied For t Applicable	
Zip	Country	Zip Co	ountry	5. C	Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Re	gistered Agent		7. N	lame and Address of New Register	red Agent		
		<u> </u>	Name					
Dirr, Ric 12 River			Street Address (P.		ox Number is Not Acceptable)			
JUPITER FL 33458							İ	
		_	City		1	FL Zip Code	•	
Tax filing r (See criter	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible equirement and elects to do so, ia on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		0 50.00 of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
TITLE NAME STREET ADDRESS	P DIRR JR., RICHARD G. 18552 HERITAGE OAKS LANE	☐ Delete	TITLE NAME STREET ADDRESS	AD		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DIRR SR., RICHARD G. 12 RIVERSEDGE RD. JUPITER, FL 00000 33458	X Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DIRR HERITAGE OAKS LANE TA FL 33469	☐ Change	₩ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DESCH, KENNETH E 8391 SE QUAIL RIDGE WAY HOBE SOUND FL 33455	22 5000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee emporation or an attachment with an address with	nis filing does not qualify for the rue and accurate and that my sig error to execute this report as re that other like empowered.	exemption stat gnature shall he equired by Cha	ed in Section ave the same l pter 607, Flori	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; the da Statutes; and that my name appe	r certify that the ir lat I am an officer ars in Block 11 or	nformation or director Block 12 if	

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/13/02

Date

561-747-5444

Daylime Phone #

CR2E034 (9/01)