2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 615492

1. Entity Name

PACE MEDICAL ELECTRONICS, INC.

FILED Jan 25, 2000 8:00 am Secretary of State

01-25-2000 90060 023 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP						01-25-2000 90060) 023 ***13	30.00	
Size Stage	Principal Plac	e of Business	-						
PRIMARY FILE COUNTRY State Suite, April 4, ret Suite, April 4,									
2. Principal Palace of Business Suite, Apt. 4 etc. Cry & State						Dona	86448		
Suite, Apt # etc Suite Apt #					İ	FOOT CONTRACTOR CONTRA	30110 Homen and Hom		2 (8) (12 2)
Cry & State City & State Country Country Country Country S. Confidence of Status Desired Fire Required T. Name and Address of New Registered Agent Name HELINCAMP, T. J. 11 NW 209 AVE STE S-122 PEMBROKE PINES FL 33029 City City City City FL Zig Code The above named entity submits this statement for the purpose of changing its registered dispend, or both, in the State of Rorida. SIGNATURE 3. This corporation is oligible to satisfy its intemptible Tax King requirement and shorts to do so. After MAY 1, 2000 Fee will be \$550,00 After MAY 1, 2000 Fee will	2. Principal Place of Business		3. Mailing Address						
Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPAC	E	
B. Name and Address of Current Registered Agent 1. Name and Address of New Registered Agent Norm Norm Stress Address (P.O. Book Number is Not Acceptable) Stress 122 PEMBROKE PINES FL 33029 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, read or prend name of agents to do so After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE NAME SIREST ADDRESS DIVEST 20 PEMBROKE PINES FL 33029 TILE NAME SIREST ADDRESS DIVEST 20 PEMBROKE PINES FL 33029 TILE NAME SIREST ADDRESS OTY-ST-29 PEMBROKE PINES FL 33029 TILE NAME SIREST ADDRESS OTY-ST-29 PEMBROKE PINES FL 33029 TILE NAME SIREST ADDRESS OTY-ST-29 TILE	City & State		City & State		4. 1	FEI Number 59-1894217		Not	t Applie - '
HELMCAMP, T. T. J. 911 NW 209 AVE STE S-122 PEMBROKE PINES FL 33029 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature Signat	Zip	Country	Zip .	Country			Fee F	Required	
HELMCAMP, T. T. J. 911 NW 209 AVE STES 1:22 PEMBROKE PINES FL 33029 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 8. This corporation is eligible to sately its intangible 12.		6. Name and Address of Current	Registered Agent	Name	7. [Name and Address of New Reg	istered Agen	t	
911 NW 209 AVE STEE S.122 PEMBROKE PINES FL 33029 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 Forda. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax Ring requirement and elects to do so. (See criteria on oack) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS CITY-51-2P PEMBROKE PINES FL 33029 TITLE NAME SIRET ADDRESS CITY-51-2P PE				Name					
Addition PEMBROKE PINES FL 33029 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 Signatu	911 (NW 209 AVE	in the first them the second in the second	Street-Ac	ddress (P.O. B	lox-Number is Not Acceptable)	~ 2		-
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, hourd or private name of ingitizened agent and the 1 apolicide.									
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 9. This corporation is eligible to satisfy its intangible (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE PD HELMCAMP, THOMAS J. 911 NW 209 AVE #\$122 CITY-ST-2P PEMBROKE PINES FL 33029 TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-2P PEMBROKE PINES FL 33029 TITLE MAKE STREET ADDRESS CITY-ST-2P TITL	PEMI	BRUKE PINES FL 33029		City			FL Z	≟ip Cod€	;
Signature, lysed or primer former of largetized expart and "branch primer former or primer former or primer former of largetized exparts or primer former or primer former of largetized exparts or primer former or primer former or pack) 9. This corporation is eligible to satisfy its Intangible Task fitting requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD HELMCAMP, THOMAS J. 911 NW 209 AVE #\$122 PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 TITLE MAME STREET ADDRESS CITY-ST-27P PEMBROKE PINES FL 33029 TITLE MAME STREET ADDRESS CITY-ST-27P TITLE MAME	8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or	registered ag	ent, or both, in the State of Florid	a.		
Signature, lysed or primer former of largetized expart and "branch primer former or primer former or primer former of largetized exparts or primer former or primer former of largetized exparts or primer former or primer former or pack) 9. This corporation is eligible to satisfy its Intangible Task fitting requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD HELMCAMP, THOMAS J. 911 NW 209 AVE #\$122 PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 TITLE MAME STREET ADDRESS CITY-ST-27P PEMBROKE PINES FL 33029 TITLE MAME STREET ADDRESS CITY-ST-27P TITLE MAME	SIGNATURE								<u></u>
Tax Riling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Addition Add		Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signatu	re required when re	einstating)	DATE		
Added to Fees (See criteria on Dack) Make Check Payable to Department of State Make Check Payable to Department on Dack) Added to Fees 11.	9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!	!!! FEE IS \$150.0	0	10. Election Campaign Finan	ncina	\$5.00	n May Ba
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-S	_								
TITLE NAME HELMCAMP, THOMAS J. 911 NW 209 AVE #\$122 PEMBROKE PINES FL 33029 TITLE NAME STREET ADDRESS CITY-ST-ZP PEMBROKE PINES FL 33029 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET AD	(See criter							:	
NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE N					AD	DDITIONS/CHANGES TO OFFIC			
STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 TITLE NAME STREET ADDRESS CITY-ST-ZIP	١ '	(·	☐ Delete					Change	☐ Addition
CITY-ST-ZIP TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 TITLE NAME STREET ADDRESS CITY-ST-ZIP			C Dalata			·		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ì	, -	□ Delete				_		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY- ST-ZIP	STREET ADDRESS			STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	1		CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								Channa	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	J		∟ Delete					Juange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	(İ		CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				Change	■ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		}		NAME					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI	STREET ADDRESS	}							
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	.				Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	\								
		partify that the information available with	this filing does not suglify to		ed in Section	119 07(3)(i) Florida Statutos 1 fe	urther certify th	nat the in	iformation

13. 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Two SHEY MEAIN PREQUIRED

Jan 17 Jacob

te Daytime Phone #