FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 24, 2001 8:00 am **DOCUMENT # 749971 Secretary of State** 1. Entity Name 07-24-2001 90006 035 ****70.00 PACE VOLUNTEER FIRE DEPARTMENT, INC. Principal Place of Business Mailing Address P.O. BOX 1082 4541 MAJORS STREET PACE FL 32571 PACE FL 32571 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARLOW, JOHN HAT MA KORISTST. 4541 MAJORS ST. Zip Code City FL **PACE FL 32571** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State After September 12, 2001, min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change: ☐ Addition ☐ Delete TITLE TITLE BARLOW, JOHN NAME NAME **WOODBINE ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PACE FL Change ☐ Addition ☐ Delete TITLE WADKINS, PAT NAME NAME 4160 STEPHENS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --=: PACE FL. ☐ Change ☐ Addition ☐ Delete TITLE TITI F TONY GENE BROXTON NAME NAME 4112 COOLEY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PACE FL ☐ Change ☐ Addition TR ☐ Delete TITLE TITLE WADKINS, CONNIE NAME STREET ADDRESS STREET ADDRESS 3965 E DIAMOND CITY-ST-ZIP CITY-ST-ZIP PACE FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE **NELL CRISCO** NAME STREET ADDRESS STREET ADDRESS 4108 RIDDLE ST CITY-ST-ZIP CITY-ST-ZIP **PACE FL 32571** TITLE Change Addition ☐ Delete TITLE NAME KELLY, MAC NAME STREET ADDRESS STREET ADDRESS **DORIS DRIVE** CITY-ST-ZIP CITY-ST-ZIP PACE FL 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

07-19-01