

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749971

1. Entity Name

PACE VOLUNTEER FIRE DEPARTMENT, INC.

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90015 014 ****70.00

Principal Place of Business

Mailing Address

4541 MAJORS STREET
PACE FL 32571
US

P.O. BOX 1082
PACE FL 32571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARLOW, JOHN

~~4541 MAJORS ST.~~ OLD ADDRESS

4541 MAJORS ST.

PACE FL 32571

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS BARLOW, JOHN
CITY-ST-ZIP WOODBINE ROAD
PACE FL

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

TITLE ☐ Delete
NAME S
STREET ADDRESS WADKINS, PAT
CITY-ST-ZIP 4160 STEPHENS RD.
PACE FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS TONY GENE BROXTON
CITY-ST-ZIP 4112 COOLEY DR.
PACE FL

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

TITLE ☐ Delete
NAME TR
STREET ADDRESS WADKINS, CONNIE
CITY-ST-ZIP 3965 E DIAMOND
PACE FL

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

TITLE ☐ Delete
NAME TR
STREET ADDRESS NELL CRISCO
CITY-ST-ZIP 4108 RIDDLE ST
PACE FL 32571

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

TITLE ☐ Delete
NAME V
STREET ADDRESS KELLY, MAC
CITY-ST-ZIP DORIS DRIVE
PACE FL

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

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.

SIGNATURE:

PAT WADKINS, SECRETARY

SIGNATURE REQUIRED

850-994-6884, 01-09-02

Date

Daytime Phone #

CR2E037 (9/01)