

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90126 030 \*\*\*550.00

**DOCUMENT # F01000003100**

1. Entity Name  
**ACS PACE GROUP, INC.**

Principal Place of Business  
**2828 NORTH HASKELL AVE., FL-10**  
**DALLAS TX 75204**

Mailing Address  
**2828 NORTH HASKELL AVE., FL-10**  
**DALLAS TX 75204**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2828 N. Haskell Ave., Bldg. 1, FL-10**

3. Mailing Address  
**2828 N. Haskell Ave., Bldg. 1, FL-10**

Suite, Apt. #, etc.  
**Bldg. 1, FL-10**

Suite, Apt. #, etc.  
**Bldg. 1, FL-10**

City & State  
**Dallas, TX**

City & State  
**Dallas, TX**

4. FEI Number **75-1723506**

Applied For  
 Not Applicable

Zip **75204** Country **USA**

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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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **BRASWELL, HARVEY**  
 STREET ADDRESS **2828 NORTH HASKELL AVE., FL-10**  
 CITY-ST-ZIP **DALLAS TX 75204**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2828 N. Haskell Ave., Bldg. 1, FL-10**  
 CITY-ST-ZIP

TITLE **AS** ☐ Delete  
 NAME **LEWIS, WAYNE R**  
 STREET ADDRESS **2828 NORTH HASKELL AVE., FL-10**  
 CITY-ST-ZIP **DALLAS TX 75204**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2828 N. Haskell Ave., Bldg. 1, FL-10**  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **DECKELMAN, WILLIAM L JR.**  
 STREET ADDRESS **2828 NORTH HASKELL AVE., FL-10**  
 CITY-ST-ZIP **DALLAS TX 75204**

TITLE **VPSD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2828 N. Haskell Ave., Bldg. 1, FL-10**  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **VINEYARD, NANCY P**  
 STREET ADDRESS **2828 NORTH HASKELL AVE., FL-10**  
 CITY-ST-ZIP **DALLAS TX 75204**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2828 N. Haskell Ave., Bldg. 1, FL-10**  
 CITY-ST-ZIP

TITLE **CD** ☐ Delete  
 NAME **RICH, JEFFREY A**  
 STREET ADDRESS **2828 NORTH HASKELL AVE., FL-10**  
 CITY-ST-ZIP **DALLAS TX 75204**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2828 N. Haskell Ave., Bldg. 1, FL-10**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **John H. Rexford David Jarrett**  
 STREET ADDRESS **2828 N. Haskell Ave., Bldg. 1, FL-10**  
 CITY-ST-ZIP **Dallas, TX 75204**

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: **Wayne R. Lewis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-28-02 214 841 6111**

Date

Daytime Phone #

CR2E034 (4/02)