2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am F95000000450 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90025 037 ***150.00 CHANGE OF PACE, INC. Principal Place of Business Mailing Address P.O. BOX 2427 P.O. BOX 2427 WEST PALM BEACH FL 33402 WEST FALM BEACH FL 33402 2. Principal Place of Business 3347 Mailing Address O BOX 3347 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0342823 ama Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURKE, ROSEMARY Street Address (P.O. Box Number is Not Acceptable) 211 N. BROADWAY LANTANA FL 33462 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE! ☐ Delete TITLE ☐ Addition TURKE, ROSEMARY NAME NAME 211 N. BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE TITLE ☐ Addition □ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

with all other like empowered.

changed, or on an attachment with an add

SIGNATURE: