

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90039 013 ***150.00

DOCUMENT # F98000004840

1. Entity Name
T. W. PACE & CO., INC.

Principal Place of Business
406 LAKE OF THE WOODS DR.
VENICE FL 34293

Mailing Address
406 LAKE OF THE WOODS DR.
VENICE FL 34293

967490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11271 BENT PINE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
11271 BENT PINE DRIVE
 Suite, Apt. #, etc.

City & State
FT MYERS, FL 33913

City & State
FT MYERS, FL 33913

4. FEI Number **62-1146705**

Applied For
 Not Applicable

Zip Country Zip Country
LEE

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PACE, TOM
406 LAKE OF THE WOODS DR.
VENICE FL 34293

7. Name and Address of New Registered Agent

Name
TOM PACE
 Street Address (P.O. Box Number is Not Acceptable)
11271 BENT PINE DRIVE
 City **FT MYERS** **FL** Zip Code **33913**

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 **TOM PACE, PRESIDENT**

4-10-2001

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
 NAME **P**
PACE, TOM
 STREET ADDRESS **406 LAKE OF THE WOODS DR.**
 CITY-ST-ZIP **VENICE FL 34293**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **11271 BENT PINE DRIVE**
 CITY-ST-ZIP **FT MYERS, FL 33913**

TITLE ☐ Delete
 NAME **S**
PACE, PAULA
 STREET ADDRESS **406 LAKE OF THE WOODS DR.**
 CITY-ST-ZIP **VENICE FL 34293**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **11271 BENT PINE DRIVE**
 CITY-ST-ZIP **FT MYERS, FL 33913**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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 NAME
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **THOMAS W PACE, PRESIDENT**

4-10-2001 941/225-1537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)