2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # F9900003810 PACE MICRO TECHNOLOGY (SUPPORT SERVICES) LIMITED 02-07-2001 90130 033 ***150.00 Principal Place of Business Mailing Address 2700 N. MILITARY TRL 2700 N. MILITARY JRL #300 #300 MATON FL 33431 BOCATRATON FL 33431 3. Mailing Address ame DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 52-2184120 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00_{-May_Be} After MAY-1-2001: Fee will be \$550:00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DC ☐ Delete TITLE Change ☐ Addition TITLE NAME MILLER, MALCOLM NAME STREET ADDRESS WINTON HOUSE, THE AVENUE, RADLETT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HERTFORDSHIRE, UNITED KINGDOM WD7 -7DW Change TITLE ☐ Delete ☐ Addition NAME DYSON, JOHN NAME STREET ADDRESS BODALAIR, SANDFORD LANE, HURST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BERKSHIRE, UNITED KINGDOM RQ10 -0SU ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME DIXON, ANTHONY JOHN STREET ADDRESS STREET ADDRESS MALLARD COTTAGE, 5 COMMON ROAD, SKIPWITH CITY-ST-ZIP CITY-ST-ZIE SELBY YORK, UNITED KINGDOM Y08 -55Q TITLE Change Addition ☐ Delete TITLE GAYDON, NEIL NAME NAME STREET ADDRESS STREET ADDRESS 407 HYACINTH DR CITY-ST-ZIP CiTY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Delete Change TITLE ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1). Florida Statutes Legitly 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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED IG OFFICER OR DIRECTOR