

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90081 048 ***150.00

DOCUMENT # F99000003810

1. Entity Name
PACE MICRO TECHNOLOGY (SUPPORT SERVICES) LIMITED INC.



Principal Place of Business
**3701 FAU BLVD.
200
BOCA RATON FL 33431**

Mailing Address
**3701 FAU BLVD.
200
BOCA RATON FL 33431**

80007302



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 **52-2184120**

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

**C T CORPORATION SYSTEM
1200 S. 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☒ Delete
NAME **MILLER, MALCOLM**
STREET ADDRESS **WINTON HOUSE, THE AVENUE, RADLETT**
CITY-ST-ZIP **HERTFORDSHIRE, UNITED KINGDOM WD7 -7DW**

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

TITLE **VT** ☐ Delete
NAME **DYSON, JOHN**
STREET ADDRESS **BODALAIR, SANDFORD LANE, HURST**
CITY-ST-ZIP **BERKSHIRE, UNITED KINGDOM RG10 -0SU**

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

TITLE **S** ☐ Delete
NAME **DIXON, ANTHONY JOHN**
STREET ADDRESS **MALLARD COTTAGE, 5 COMMON ROAD, SKIPWITH**
CITY-ST-ZIP **SELBY YORK, UNITED KINGDOM YO8 -55Q**

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

TITLE **P** ☐ Delete
NAME **GAYDON, NEIL**
STREET ADDRESS **407 HYACINTH DR**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2200 NW 59th Street**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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: **SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15 2003
Date

Daytime Phone #

CR2E034 (10/02)