

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0322724 AV

DOCUMENT # H31885

1. Entity Name

PACER ELECTRONICS OF ARIZONA, INC.

04-09-2002 90011 025 ***150.00

Principal Place of Business

**3303 S.W. 11TH AVENUE
 FORT LAUDERDALE FL 33315-2901**

Mailing Address

**3303 S.W. 11TH AVENUE
 FORT LAUDERDALE FL 33315-2901**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2484539

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SWIATKOWSKI, JOSEPH E.
 7505 WEEPING WILL BLVD.
 SARASOTA FL 34241**

Name **Joseph E. Swiatkowski**
 Street **6858 Areca Blvd.**
Sarasota, FL 34241-7106

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.

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 \$150.00
After May 1, 2002 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 **DP** ☐ Delete
 NAME **SWIATKOWSKI, JOSEPH E.**
 STREET ADDRESS **7505 WEEP. WIL. BLVD.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ Change ☐ Addition
 NAME **Joseph E. Swiatkowski**
 STREET ADDRESS **6858 Areca Blvd.**
 CITY-ST-ZIP **Sarasota, FL 34241-7106**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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

Joseph E. Swiatkowski **JOSEPH E. SWIATKOWSKI**

4/1/02

941-378-5774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)