

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68636

1. Entity Name

PACE ELECTRONICS, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90087 015 \*\*\*150.00

Principal Place of Business

Mailing Address

204 SO SEMORAN BLVD  
ORLANDO FL 32807  
US

204 SO SEMORAN BLVD  
ORLANDO FL 32809-6925  
US

A0029336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
7600 Currency Drive

3. Mailing Address  
7600 Currency Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number 59-2564294

Applied For

Not Applicable

Zip  
32809-6925

Country

Zip  
32809-6925

Country  
US

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

GIAMMARRUSCO, JOSEPH G  
204 SO SEMORAN BLVD  
ORLANDO FL 32807

Name  
GIAMMARRUSCO, JOSEPH C.

Street Address (P.O. Box Number is Not Acceptable)  
7600 Currency Drive

City  
Orlando,

FL

Zip Code  
32809-6925

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PERROTTI, JOHN  
5427 RUSTIC PINE COURT  
ORLANDO FL 32819 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
PERROTTI, FRED O.  
8012 OLD TOWN DR  
ORLANDO FL 32819 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PEROTTI, ROBERT S  
926 GROVES MERE LOOP  
OCOE FL 34761 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GIAMMARRUSCO, JOSEPH  
1491 RIDGE TOP WAY  
CLEARWATER FL 34625 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Giammarrusco, Joseph C.  
2956 Bayhead Run  
Oviedo, FL 32756 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MOLINA, JAVIER  
3717 CRESCENT PARK BLVD.  
ORLANDO FL 32819 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)