

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010873

1. Entity Name

PACE CLEANING SERVICE, L.L.C.

FILED

01 AUG -6 AM 8:47

Principal Place of Business

130 BENNING DR.
DESTIN FL 32541

Mailing Address

130 BENNING DR.
DESTIN FL 32541

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

910 Airport Rd.

3. Mailing Address

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Suite 6-A

City & State

DESTIN, FL

City & State

4. FEI Number

593669344

Applied For

Not Applicable

Zip

Country

32541

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEIMORTS, MICHAEL L ESQ.
SUITE 209, THE PLAZA
4507 FURLING LANE
DESTIN FL 32541

7. Name and Address of New Registered Agent

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.

SIGNATURE

Michael L Weimorts

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/10/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004524188-4

-08/08/01--01049--004

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
C.T. VIZZINA
124 TUSCANY DR
DESTIN, FL 32541

☐ Delete

10. ADDITIONS/CHANGES

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/10/01 850 837-9230

CR2E083 (11/00)