

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46886

1. Entity Name

PACE'S PLACE, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90044 023 ***150.00

Principal Place of Business

Mailing Address

% GLENN D. PACE, SR.
1657 BATES CIR
FT MYERS FL 33901-8902

2407 EAST MALL DR
FT MYERS FL 33901-9118
US

2. Principal Place of Business

3. Mailing Address

PACES PLACE
Suite, Apt. #, etc.
1951-B Collier Ave
City & State
Ft. Myers FL

Suite, Apt. #, etc.

City & State

Zip
33901

Country
USA

Zip

Country

4. FEI Number 65-0177585

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

PACE, GLENN D., SR.
1657 BATES CIR
FT MYERS FL 33901

Name DWAYNE STEVENS
Street Address (P.O. Box Number is Not Acceptable)
4785 SEMINOLE AVE
City LABELLE FL Zip Code 33935

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 *Dwayne Stevens*
Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-00
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 ST
NAME PACE, GLENN D., SR.
STREET ADDRESS 1657 BATES CIR
CITY-ST-ZIP FT MYERS FL ☒ Delete

TITLE PA.
NAME DWAYNE STEVENS
STREET ADDRESS 4785 SEMINOLE AVE
CITY-ST-ZIP LABELLE FL 33935 ☐ Change ☒ Addition

TITLE DP
NAME PACE, NATALIE J.
STREET ADDRESS 1657 BATES CIR
CITY-ST-ZIP FT. MYERS FL ☒ Delete

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

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CITY-ST-ZIP ☐ Delete

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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:

Dwayne Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 941-939-1117
Date Daytime Phone #