

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32547

1. Entity Name

PACEMAKERS, INC.

Principal Place of Business

C/O GLENN HAYES
4973 S.E. INKWOOD WAY
HOBESOUND FL 33455
US

Mailing Address

C/O GLENN HAYES
4973 S.E. INKWOOD WAY
HOBESOUND FL 33455-7851
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

910 GLENN HAYES
4986 MT OLIVE SHORES DR.

POLK CITY, FL

33868

USA

6. Name and Address of Current Registered Agent

HAYES, BETTY
4973 S.E. INKWOOD WAY
HOBESOUND FL 33455

7. Name and Address of New Registered Agent

Name HAYES, BETTY

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

4986 MT OLIVE SHORES DR.

City POLK CITY

FL

Zip Code 33868

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

Betty Hayes, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

1-8-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete

NAME FITZMORRIS, ROBERT
STREET ADDRESS 1176 HARBOR TOWN WAY
CITY-ST-ZIP VENICE FL 34292

TITLE DT ☐ Delete

NAME HAYES, GLENN
STREET ADDRESS 4973 S.E. INKWOOD WAY
CITY-ST-ZIP HOBESOUND FL

TITLE D ☐ Delete

NAME SHAFER, BOB
STREET ADDRESS 921 N DORAL LANE
CITY-ST-ZIP VENICE FL

TITLE DS ☐ Delete

NAME HAYES, BETTY
STREET ADDRESS 4973 S.E. INKWOOD WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE DP ☒ Delete

NAME ARMSTRONG, BILL
STREET ADDRESS 5035 N SHORE DRIVE
CITY-ST-ZIP POLK CITY FL

TITLE DV ☐ Delete

NAME HILDRETH, ROSS
STREET ADDRESS 5837 CONSUELLO DR
CITY-ST-ZIP HOLIDAY FL 34690

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Change ☒ Addition

NAME HILDRETH, ROSS
STREET ADDRESS 5837 CONSUELLO DR.
CITY-ST-ZIP HOLIDAY FL 34690

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 617, 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:

Betty Hayes, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00

Date

863-984-5635

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90173 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2929126 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required