## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED IOF DOCUMENT # 737547 PACEMAKERS, INC. 02 FEB 13 PM 2: 20 Principal Place of Business Mailing Address C/O MARY SCHEUERMAN 417 SKYCREST LN. PLANT CITY FL 33565 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHEUERMAN 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 - 2/11/02 FILE NOW: 9. Election Campaign Financing Make Check Payable to-\$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP ROBERT FITZMORRIS DS SCHEUERMAN, JOHN TITLE Change NAME 417 SKYCREST LANE 1176 HARBOR TOWN WAY STREET ADDRESS STREET ADDRESS PLANT CITY, FL 33565 VENICE, FL 34292 CITY-ST-ZIP CITY-ST-7IP DT SCHEUERMAN MARY Change 417 SKYCRESTLANE DT HAYES, GLENN DI 4973 SE INKWOOD WAY TITLE NAME NAME STREET ADDRESS STREET ADDRESS PLANT CITY, FL 33565 HOBESOUND, FL SHAFER, BOB CITY-ST-ZIP CITY-ST-ZIP SHAFER, BOB & TITLE Addition NAME NAME 921 N. DORAL LN STREET ADDRESS STREET ADDRESS NENICE, FL 34293 CITY-ST-ZIP VENICE, FL CITY-ST-ZIP DS HAYES BETTY Delete 4973 S.E. INKWOOD WAY TITLE REX, JACK ☐ Change **Addition** NAME NAME 1715 N. GONDOLACT. STREET ADDRESS STREET ADDRESS VENICE, FL 34293 HOBE SOUND FL 33455 CITY-ST-ZIP CITY-ST-ZIP TITLE DV HILDRETH, ROSS TITLE HILDRETH ROSS Change NAME NAME 5837 CONSUELLO DR 5837 CONSUELODR STREET ADDRESS STREET ADDRESS HOLIDAY, FL 34690 HOLIDAY, FL 34690 CITY-\$T-ZIP CITY-ST-ZIP 7000045500 - Dadricon -02/20/02--01051--007 TITLE ☐ Delete TITLE NAME NAME

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.

CITY-ST-7(P

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

\*\*\*\*122.50 \*\*\*\*122.50

January 28, 2002

Department of State

**Division of Corporations** 

P. O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

I am a newly elected officer of Pacemakers, Inc. FEI 59-2929126. This club was organized May 25, 1989. Please advise if Document #N32547 (4) was filed for the year 2001 and if a form has been sent out for the year 2002. I have been unable to locate either in the files. The last form I could locate was signed and dated January 8, 2000 and mailed with check dated January 10, 2000. Your assistance in this matter will be greatly appreciated.

Sincerely,

Mary C. Scheuerman, Treasurer

Pacemakers, Inc.

417 Skycrest Lane

Plant City, FL 33565