

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90192 045 \*\*\*150.00

**DOCUMENT # P00000046309**

1. Entity Name  
**PACECO, INC.**

Principal Place of Business

**864 SE WATERSIDE WAY  
 STAURT FL 34997**

Mailing Address

**864 SE WATERSIDE WAY  
 STAURT FL 34997**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1008100**

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

**SHOLTES, CARL E  
 864 SW WATERSIDE WAY  
 STUART FL 34997**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PD SHOLTES, CARL E 864 SE WATERSIDE WAY STAURT FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHOLTES, VALERIE J 864 SE WATERSIDE WAY STAURT FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02

Date

772-781-3715

Daytime Phone #

# 2002 UNIFORM BUSINESS REPORT (UBR)

Attachment SENT 3/27/02 BD129200

DOCUMENT # P00000046309

1. Entity Name  
PACECO, INC.

P.A.D \$150.

CK # 560

PERSONAL ACCOUNT

Principal Place of Business  
884 SE WATERSIDE WAY  
STAURT FL 34997

Mailing Address  
884 SE WATERSIDE WAY  
STAURT FL 34997



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1008100

Applied For  
Not Applicable

Zip

Country

Zip

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

SHOLTES, CARL E  
884 SW WATERSIDE WAY  
STUART FL 34997

Name

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

City

FL

Zip Code

8. The above named entity submits to the State of Florida 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

by

(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) ☐

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 ☐ Delete  
NAME PD  
STREET ADDRESS SHOLTES, CARL E  
CITY-ST-ZIP 884 SE WATERSIDE WAY  
STAURT FL 34997

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

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS SHOLTES, VALERIE J  
CITY-ST-ZIP 884 SE WATERSIDE WAY  
STAURT FL 34997

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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: Carl E Sholtes 3/27/02 561-781-3715

Attachment  
#P00000046309

## P A C E C O, INC.

864 SE Waterside Way  
Stuart, FL 34997  
Phone 772-781-3715  
Fax 772-781-3767

July 9, 2002

Division Of Corporations  
Uniform-Business Report Filing  
P. O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

My Corporation just received a second request for the 2002 Uniform Business Report, stating that a fee of \$550. Must be paid by September 13, 2002. This form was mailed on March 27, 2002, with a check for \$150.00. The cancelled check has not come back as of July 9, 2002. I assume the report was lost in the mail. I called your office at the 850-488-9000 number and explained this situation to one of your agents. She advised that I write this letter and submit another payment of \$150.00. I ordered a stop payment on the March 27 check and wrote a new check dated July 8, 2002. I included a copy of the 2002 UBR report from March 27, 2002, and also signed and included the second request form.

Please advise if I need to do anything else.

Sincerely,



Carl E. Sholtes  
President