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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2001 8:00 am DOCUMENT # P0000056613 **Secretary of State** PACE OUTFITTERS, INC. 05-02-2001 90089 006 ***158.75 Principal Place of Business Mailing Address 1184 W HWY 436 1184 W HWY 436 FOREST CITY FL 32714 FOREST CITY FL 32714 2. Principal Place of Business 3. Mailing Address 360 N. State Rd 434 360 N. State Rd 434 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 41 tamonte Springs, FL 🗪 Htamonte S <u> 59 365 160 8</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAPORITO, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 1315 QUINTUPLET DR CASSELBERRY FL 32707 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President/Director Pocios, Stephen 5 412 E 772 ST resident! Director TITLE ☐ Delete ☐ Change cius, stephen J NAME NAME STREET ADDRESS STREET ADDRESS Apopka FL 32703 Vice President/Director Saporito, Christophur M CITY-ST-ZIP CITY-ST-ZIP President/Director Delete Superito, Christopher 1315 Puntuplet Dr Addition TITLE TITLE Change NAME NAME 1315 Quintualet Dr STREET ADDRESS STREET ADDRESS Casselberry, FL 32707 Secretary/Transfer/Director Eapports, Michael R 607 Margan ST asselbapty, FL 32707 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Director/ Digirman/sec Trew Delete NAME Sa porito Mishael NAME 607 Morgan STREET ADDRESS STREET, ADDRESS Winter Springs, FL 32708 CITY-ST-ZIP CITY-ST-ZIP FL 32708 TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 impowered 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 other like impowered.