

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90040 022 ***150.00

DOCUMENT # P00000056613

1. Entity Name
PACE OUTFITTERS, INC.



Principal Place of Business
**360 N STATE ROAD 434
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**360 N STATE ROAD 434
ALTAMONTE SPRINGS FL 32714**

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 **59-3651608**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SAPORITO, CHRISTOPHER
607 MORGAN ST
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **POCIUS, STEPHAN J**
STREET ADDRESS **412 E 7TH STREET**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **VPD** ☐ Delete
NAME **SAPORITO, CHRISTOPHER M**
STREET ADDRESS **1515 QUINTUPLET DRIVE**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **Saporito Christopher M**
STREET ADDRESS **607 Morgan St**
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE **STD** ☐ Delete
NAME **SAPORITO, MCHAEAL R**
STREET ADDRESS **607 MORGAN STREET**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **PD** ☒ Change ☐ Addition
NAME **Saporito, Michael R**
STREET ADDRESS **607 Morgan St**
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP Pres Dir** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Astorresgusti, Beatriz**
STREET ADDRESS **1025 Gregory Dr**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **Saporito, Carol A**
STREET ADDRESS **607 Morgan St**
CITY-ST-ZIP **Winter Springs FL 32708**

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 607, 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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-2003 4076827300

Date

Daytime Phone #

CR2E034 (10/02)