2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0100000254 1. Entity Name P.A.C.E. TRANSPORT, INC. 4-26-2001 90146 012 ***150.00 Principal Place of Business Mailing Address 2311 ROGERS ROAD 2311 ROGERS ROAD LAKELAND FL 33B13 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address P.O. Box 440860 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BFT 0 4. FEI Numb 21-209 1568 City & State City & State Applied For Not Applicable <u> Aurora, CO</u> Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent USA 7. Name and Address of New Registered Agent Name REHER, DEBORA C Street Address (P.O. Box Number is Not Acceptable) 2311 ROGERS ROAD LAKELAND FL 33813 City 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FUE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Channe Addition TITLE TITLE Delete NAME NAME LEWIS, MELVIN STREET ADDRESS STREET ADDRESS **1017 BOND ST** CITY-ST-ZIP CITY-ST-ZIP ELIZABETH NJ 07201 **VPD** X7 Change Addition TITLE ☐ Delete TITLE NAME Engledow, Lewis E. NAME ENGLEDOW, LEWIS E STREET ADDRESS 1610 E. Michelle Dr. STREET ADDRESS 3083 S ANDES ST CITY-ST-ZIP CITY-ST-ZIP AURORA CO 80014 Phoenix, AZ 85022 TITLE STD X1 Change ☐ Addition TITLE STD ☐ Delete NAME REHER, DEBORA C NAME Reher, Debora C. STREET ADDRESS 12311 E CORNELL AVE #23 STREET ADDRESS P.O. Box 440860 CITY-ST-ZIP CITY-ST-ZIP AURORA CO 80014 Aurora, CO 80014-0860 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Deiete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z!P 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.

Debora C. Reher, Secretary

303-750-4930

Daytime Pixone #

Date

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR