

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -7 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Entity Name

Pace Land Services, Inc
PO1000116304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5101 Rowe Trail

3. Mailing Address

PO Box 1081

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pace, FL

City & State

Pace, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32571

Country

USA

Zip

32571

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Atwood M. Kimbrough

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

5101 Rowe Trail

City

Pace

FL

Zip Code

32571

**DO NOT WRITE
IN THIS SPACE**

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

Atwood M. Kimbrough

Atwood M. Kimbrough

4/25/2012

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Atwood M. Kimbrough
5101 Rowe Trail
Pace, FL 32571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400005558454--0
-05/20/02--01006--003
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Sandra H. Kimbrough
5101 Rowe Trail
Pace, FL 32571

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Atwood M. Kimbrough

Atwood M. Kimbrough

4/25/2012

850-994-1877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)