

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90058 011 ***158.75

DOCUMENT # P01000116307

1. Entity Name
PACE ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business
 7066 MILTON COURTS
 MILTON FL 32583

Mailing Address
 7066 MILTON COURTS
 MILTON FL 32583

2. Principal Place of Business
 P.O. Box 627
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 627
 Suite, Apt. #, etc.

City & State
 Milton, FL

City & State
 Milton, FL

4. FEI Number
 63-1288401

Applied For
 Not Applicable

Zip
 32572

Country
 USA

Zip
 32572

Country
 USA

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

6. Name and Address of Current Registered Agent

ELLENBURG, LISA
 1136 ENGLISH LN
 WESTVILLE FL 32464

7. Name and Address of New Registered Agent

Name Brian Kimbrough
Street Address (P.O. Box Number is Not Acceptable)
7066 Milton Court
City Milton **FL** **Zip Code** 32583

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 Brian Kimbrough, President **DATE** 4/25/02
(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 Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Brian Kimbrough</u> <u>P.O. Box 627</u> <u>Milton, FL 32572</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Christa Kimbrough</u> <u>P.O. Box 627</u> <u>Milton, FL 32572</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brian Kimbrough
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/25/02 **DAYTIME PHONE #** (850) 572-6149

CR2E034 (9/01)