

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90550 016 \*\*\*150.00

**DOCUMENT #** P02000116965

**1. Entity Name**  
MISTY A PACE, P.A.



**Principal Place of Business**  
1027 ADAMS  
KEY LARGO FL 33037

**Mailing Address**  
PO BOX 2842  
KEY LARGO FL 33037

**2. Principal Place of Business**

100430 OVERSEAS HWY -

Suite, Apt. #, etc.

Suite 100

City & State

Key Largo Fla

Zip

33037

Country

monroe

**3. Mailing Address**

PO BOX 2842

Suite, Apt. #, etc.

City & State

Key Largo Fla

Zip

33037

Country

monroe



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

51-0434086

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PACE, MISTY A  
1027 ADAMS  
KEY LARGO FL 33037

**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**

*Misty Pace*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-03

**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**

**TITLE** D,P  
**NAME** PACE, MISTY A  
**STREET ADDRESS** 1027 ADAMS  
**CITY-ST-ZIP** KEY LARGO FL 33037

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

**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:**

*Misty Pace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-03

CR2E034 (10/02)