

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90031 019 ***150.00

DOCUMENT # P03000099826	
1. Entity Name	
JEFFREY M. PACE, CPA, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10995 S.E. FEDERAL HWY		3. Mailing Address P.O. BOX 607	
Suite, Apt. #, etc. #1		Suite, Apt. #, etc.	
City & State HOBE SOUND, FL		City & State HOBE SOUND, FL	
Zip 33455	Country MARTIN	Zip 33475-0607	Country MARTIN

60015757

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1204348		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MICHAEL DOOLEY	
Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 1166	
City HOBE SOUND, FL	Zip Code 33475-1166

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  **2/7/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to: Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JEFFREY M. PACE 9237B S.E. OLYMPUS ST. HOBE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JEFFREY M. PACE** **2/7/2006** **772-546-5044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #