200	1 UNIFORM BUSI	NESS REPO	rt (UBR)		٠,	
DOCUMENT # PIBIU2						
1. Entity Na	PACETECH, Ir	V		OI DEC -4 PM		
(122.201)				OIDEC-4 P	RPORATS	
Principal Pla	nce of Business	Mailing Address	/	- "" " " " " " " " " " " " " " " " " "	M C	
510 North Gaden Ave					, 9:51	
	Clearwater, FL 3	3755 /	SAME			
i	Place of Business	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		H Granden AVE	DO NOT WRITE IN THIS SPACE			
		irwater	4. FEI Number Applied For Not Applicable			
Zip	Country	Florida	Country	5. Certificate of Status Desired	\$8.75 Additional	
3375	6. Name and Address of Current R	33755 Registered Agent	USA	7. Name and Address of New Registere	Fee Required	
ILHAN. M. B. Golor						
St.o-N. Garden Ave.				ress (P.O. Box Number is Not Acceptable)		
Cleanache A33755						
			City	F	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent or both, in the State of Florida.						
SIGNATURE TLHAN. M. B. Q. Lay (NOTE: Red Jack Signature, typed or printed name of registered agent and title if applicabil (NOTE: Red Jack Signature Jackure Jack Signature Jack Signature Jack Signature (NOTE: Red Jack Signature Jack Signature Jack Signature Jack Signature (NOTE: Red Jack Signature Jack Signature Jack Signature Jack Signature (NOTE: Red Jack Signature Jack Signature Jack Signature (NOTE: Red Jack Signature Jack Signatu						
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOWHIT FEE IS \$ After MAY 1, 2001 Fee will be Make Check Payable to Departs					\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE NAME	President ILHAN M. B. GUHAY	☐ Delete	TITLE NAME	50000472	Change Addition 8	
STREET ADDRESS	SON GARDEN AL		STREET ADDRESS	-12/12/01	-01086008 4	
CITY-ST-ZIP	Cleanwater, FL, 33755		CITY-ST-ZIP TITLE	****150.00	****150.00 \(\text{\ti}\text{\texi}\text{\tex{\text{\text{\text{\text{\text{\text{\text{\texi}\texit{\text{\ti}}\tinttit{\text{\texi}\text{\text{\text{\texi}\text{\tex{	
NAME	CARL GONZALEZ	☐ Detete	NAME		D crisings D Audition 5	
STREET ADDRESS CITY-ST-ZIP	Slo W. GAden Are Cleonwater, FL 33755		STREET ADDRESS CITY-ST-ZIP			
TITLE	MARY BIKELLY CHOEKST	(Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	510 D. Graden are	•	NAME STREET ADDRESS			
CITY-ST-ZIP	Clearworks, FL 33755		CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	\B . a \ a	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	11/2/11		
TITLE			0111 01 211	<u> </u>		
TITLE		☐ Delete	TITLE	•	Change Addition	
NAME STREET ADDRESS		☐ Delete	NAME	:	☐ Change ☐ Addition	
NAME	·	□ Delete	H I	•	Change Addition	
NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS	•	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	•		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with the	☐ Oelete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119 07(3)(i) Florida Statutas I further o	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby of indicated	certify that the information supplied with it I on this report or supplemental report is to poration or the receiver or trustee empor , or on an attachment with an address with	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in S y signature shall have the	Section 119.07(3)(i), Florida Statutes, i further or same legal effect as if made under oath; that I 7, Florida Statutes; and that my name appears	Change Addition ertify that the information am an officer or director in Block 11 or Block 12 if	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby of indicated	or on an attachment with an address w	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption slated in S y signature shall have the is required by Chapter 66	77, Florida Statutes; and that my name appears	Change Addition	

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510 GARDEN AVENUE NORTH, CLEARWATER, FLORIDA 33755 U.S.A.
TEL: (727) 442-8118 TOLL FREE 1-800-722-3024 / FAX: (727) 443-7257
WEBSITE: www.pacetech-med.com

November 26, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Attn: Marie

This is in response to the letter we had received from Sean Toner, Senior Section Administrator. Please Reference letter Number 501A00061149. Enclosed you will find the completed documentation you had requested. Also, attached is a check in the amount of \$150.00, made out to the Department of State Division of Corporations, for license fees.

Please be advised that from the time I had started with this company in June of 2001, I had received a letter stating that our corporation had been dissolved, but unfortunately was unaware that the previous bookkeeper left before filing for our license. We have no record in our file of receiving the documentation for filing for the new license. We would like to resolve this matter as soon as possible.

If there is any other information you may need or if you have any questions regarding this matter please do not hesitate to contact our office at 727-442-8118. Thank you for your assistance in this matter.

Sincerely,

Carl Gonzalez, Bookkeeper

Pace Tech, Inc.