

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078917

1. Entity Name

PACE METAL SERVICES, INC.

R

FILED

Sep 21, 2000 8:00 am  
Secretary of State

05-22-2000 90153 017 \*\*\*150.00

Principal Place of Business

RT 1 BO X384  
RAIFORD FL 32083  
US

Mailing Address

P O BOX 679  
RAIFORD FL 32083  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0592560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HONS, EDWARD A  
5636 DEWEY ST  
SUITE 400  
HOLLYWOOD FL 33023

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HONS, EDWARD A	5636 DEWEY ST	HOLLYWOOD FL	<input type="checkbox"/>
VTS	HONS, EDWARD A	5636 DEWEY ST	HOLLYWOOD FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

attachment  
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5141

ED HONS STEEL SERVICE  
5636 DEWEY ST. PH 954-981-5613  
HOLLYWOOD, FL 33023

A00636T2

63-643/670  
BRANCH 13095

DATE 4/30/30

PAY TO THE ORDER OF Department of State \$ 150.00

One hundred fifty and no/100 DOLLARS

FIRST UNION® First Union National Bank  
R/T 067006432

*[Signature]*

FOR 005141 067006432 2150001625646 0000015000

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT# 1009068796

MAY 16 2000

2233 34044

3239601662 6740525760  
BANK OF AMERICA, N.A. NY  
06/01/00

10-17

attachment

P94000078917

I DON'T UNDERSTAND WHAT I DID WRONG  
ABOUT MY FILING MY CORPORATE REPORT  
PLEASE CALL ME 1-954-981-5613

THANKS Edward W.