

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90593 024 \*\*\*150.00

**DOCUMENT # P95000041905**

1. Entity Name  
**PACE ENTERPRISES OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business  
**1510 NE 2 STREET  
CAPE CORAL FL 33909  
US**

Mailing Address  
**1510 NE 2 STREET  
CAPE CORAL FL 33909  
US**



2. Principal Place of Business

3. Mailing Address

**2141 SE 10 Place**

**2141 SE 10 Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Cape Coral, FL**

**Cape Coral, FL**

4. FEI Number **65-0590313**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33990**

**USA**

**33990**

**USA**

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

**PACE, MICHAEL A  
1510 NE 2ND ST  
CAPE CORAL FL 33909**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2141 SE 10 Place**

City

**Cape Coral**

**FL**

Zip Code

**33990**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **PACE, MICHAEL A**  
STREET ADDRESS **1510 NE 2ND STREET**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☒ Change ☐ Addition  
NAME **2141 SE 10 Place**  
STREET ADDRESS **CAPE CORAL, FL 33990**  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **PACE, LESLIE L**  
STREET ADDRESS **1510 NE 2 STREET**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ Change ☐ Addition  
NAME **2141 SE 10 Place**  
STREET ADDRESS **CAPE CORAL, FL 33990**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Signature REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-12-03**

CR2E034 (10/02)