

Feb 21, 2000 8:00 a
Secretary of State

02-21-2000 90044 012 ***150.00

DOCUMENT # P96000010730

Name

F. PACE, C.P.A., P.A.

Place of Business

Mailing Address

23 E TARPON AVE
TARPON SPRINGS FL 3468923 E TARPON AVE
TARPON SPRINGS FL 34689-3449
US

813039



DO NOT WRITE IN THIS SPACE

Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

State

City & State

4. FEI Number

59-3358670

Applied For

Not Applicable

Country

Zip

Country

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, JOHN F
23 E TARPON AVE
TARPON SPGS FL 34689

Name

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

City

FL

Zip Code

I, the named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

I certify that the entity is eligible to satisfy its intangible
asset requirements and elects to do so.
(Check on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P
PACE, JOHN F
23 E TARPON AVE
TARPON SPGS FL 34689☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MELANIE R. PACE V.P.

☐ Change ☐ Addition

9208 BRIMBLEWOOD DR

OCESSA, FL 33556

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionI certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information
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
applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)