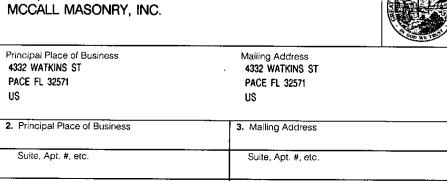
FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90464 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P96000019737 DOCUMENT #

1. Entity Name



PACE FL 32	571	PACE FL 32571							
US		U\$							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	10:	- City's State				FEI Number 59-3362798		Applied For Not Applicable	
Zip	Country	Zip	Zip Coun		5.	Certificate of Status Desired	\$8.75 Fee Re	Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
•			····	Name					
MATTHEWS, EDSEL F JR.									
	ERSON ST.		Street Address			(P.O. Box Number is Not Acceptable)			
	OLA FL 32501								
LITORIO	55 (F 5500)								
				City			FL Zip	Code	
8. The above the obliga - SIGNATURE	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent ar			ed office or regi			am familiar	with, and accept	
						1			
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	===				9. Efection Campaign Financing		5:00 May Be	
	k Payable to Florida Department of	State	ate			Trust Fund Contribution.		dded to Fees	
10.	OFFICERS AND D	IRECTORS	11.	T	AD	DDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 11	
TITLE	VD	☐ Delete	e TITLE	<u>:</u>			☐ Cha	nge 🔲 Addition	
NAME	MCCALL, WILLIAM D		NAME	E					
STREET ADDRESS	4332 WATKINS ST			ET ADDRESS					
CITY-ST-ZIP	PACE FL .		CITY-	-ST-ZIP					
TITLE	SD	☐ Delete	TITLE	:			☐ Cha	nge 🔲 Addition	
NAME	MCCALL, LESLIE		NAME	- I					
STREET ADDRESS	4332 WATKINS ST			ET ADDRESS				ľ	
CITY-ST-ZIP	PACE FL		CITY	-ST-ZIP		n			
TITLE	PTD DODGE DODGE	Delete					Chai	nge 🔲 Addition	
NAME	DEZMAN, JAMES R SR.		NAME						
STREET ADDRESS CITY-ST-ZIP	4332 WATKINS ST PACE FL			ET ADDRESS					
	FACE FL			-ST-ZIP					
TITLE VAME	e Toronto de Santo	Delete			2 ·	-	Char	ige 🔲 Addition	
STREET ADORESS			NAME						
DITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE NAME		☐ Delete	1	1			☐ Char	ige 🗌 Addition	
STREET ADDRESS			NAME	ET ADDRESS					
CITY-ST-7IP				ET AUUNESS				}	

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LABILLAMES R. DERMAN SR. 2-26-03

Change

☐ Addition