

DOCUMENT # P96000032758

1. Entity Name

PETER PACE DISTRIBUTING, INC.

00009273

Principal Place of Business	Mailing Address
12282 NW 57TH ST CORAL SPRINGS FL 33076-3649	12282 NW 57TH ST CORAL SPRINGS FL 33076-3649

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0655726	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PACE, PETER  
12282 NW 57TH ST  
CORAL SPRINGS FL 33076

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">FL</div> <div>Zip Code</div> </div>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete         </div> P PETER PACE 12282 NW 57TH ST CORAL SPRINGS FL 33076-6949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete         </div> S ROBERTA <del>PLAGE</del> PACE <i>(SPELLING error)</i> 12282 NW 57TH ST CORAL SPRINGS FL 33076-6949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete         </div>

<b>12.</b>		<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME  STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peter Pace PETER PACE JAN 18, 2001 (954) 345-0987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)