

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000040711****1. Entity Name**
PEC HOLDING, INC.**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90098 029 ***158.75

Principal Place of Business**7300 BEACH BLVD**
JACKSONVILLE FL 32216
US**Mailing Address****7300 BEACH BLVD**
JACKSONVILLE FL 32216
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3377379**

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****PACE, JIMMY G**
7300 BEACH BLVD
JACKSONVILLE FL 32216

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PACE, JIMMY G	
STREET ADDRESS	6588 COLLIER ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PACE, JIMMIE JEAN	
STREET ADDRESS	6588 COLLIER RD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROOME, R W	
STREET ADDRESS	7701 BAYMEADOWS CIR W 1033	
CITY-ST-ZIP	JAX FL 32256	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PACE, JIMMIE JEAN	
STREET ADDRESS	8597 FLORENCE COVE RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:***RW Broome*

R. W. Broome

03/05/01

(904) 855-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)