

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046532

1. Entity Name  
BAY PACE, INC.

Principal Place of Business  
2435 WOODLAWN CIRCLE WEST  
SAINT PETERSBURG FL 33704

Mailing Address  
2435 WOODLAWN CIRCLE WEST  
SAINT PETERSBURG FL 33704

2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.  
City & State

Suite, Apt. #, etc.  
City & State

Zip Country

Zip Country

4. FEI Number **59-3396433**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

WILLIAM H DRODEL & ASSOC  
4437 CENTRAL AVE  
ST PETERSBURG FL 33713

Name **William H. KRODEL**

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE PD  Delete  
NAME OVERCAST, BILLY  
STREET ADDRESS 2435 WOODLAWN CIRCLE WEST  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  Delete  
NAME OVERCAST, ELIZABETH  
STREET ADDRESS 2435 WOODLAWN CIRCLE WEST  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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.

CR2E034 (10/00)

SIGNATURE: *William H. Overcast* *3/11/2001* *5-28-01 833-6543*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #