

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P96000076781**1. Entity Name**

PACE MANAGEMENT GROUP, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90643 027 ***150.00

Principal Place of Business7600 CURRENCY DR.
ORLANDO, FL 32809**Mailing Address**7600 CURRENCY DR.
ORLANDO, FL 32809**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number**

59-3404493

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**Giammarrusco, Joseph C.
7600 Currency Drive
Orlando, FL 32809**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 15, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** VD ☐ Delete
NAME PERROTTI, JOHN
STREET ADDRESS 5427 RUSTIC PINE COURT
CITY-ST-ZIP ORLANDO, FL 32819**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VD ☐ Delete
NAME PERROTTI, ROBERT
STREET ADDRESS 926 GROVESMERE LOOP
CITY-ST-ZIP OCOEE, FL 34761**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** PD ☐ Delete
NAME GIAMMARRUSCO, JOSEPH C.
STREET ADDRESS 2956 BAYHEAD RUN
CITY-ST-ZIP OVIEDO, FL 32756**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VD ☐ Delete
NAME MOLINA, JAVIER
STREET ADDRESS 3717 CRESCENT PARK BLVD.
CITY-ST-ZIP ORLANDO, FL 32812**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** CD ☐ Delete
NAME PERROTTI, FRED
STREET ADDRESS 8012 OLD TOWN DRIVE
CITY-ST-ZIP ORLANDO, FL 32819**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.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/100)