

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90075 046 ***150.00
 05-21-2002 91151 025 ***150.00

DOCUMENT # P96000076781

1. Entity Name
PACE MANAGEMENT GROUP, INC.

Principal Place of Business
 7600 CURRENCY DR
 ORLANDO FL 32809-6925

Mailing Address
 7600 CURRENCY DR
 ORLANDO FL 32809-6925

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 G
7600 CURRENCY DR
ORLANDO FL 32807

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 _____ (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, 2002 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 **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 **OCOE FL 34761**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9519 Westover Club Circle**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **PD** ☐ Delete
NAME **GIAMMARRUSCO, JOSEPH**
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 **1936 Katie Hill Way**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **CD** ☐ Delete
NAME **PERROTTI, FRED**
STREET ADDRESS **8012 OLD TOWN DR**
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 an other like empowered.

SIGNATURE: *Joseph Giammarusco*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH GIAMMARRUSCO 4-30-02 407-275-2400
 Date Daytime Phone #

0101360 AV

CR2E034 (9/01)