

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013511

1. Entity Name

PACE PETROLEUM, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90052 049 \*\*\*150.00

Principal Place of Business

Mailing Address

P O BOX 140774  
GAINESVILLE FL 32614-774  
US

P O BOX 140774  
GAINESVILLE FL 32614-0774  
US

2. Principal Place of Business

3. Mailing Address

P O BOX 10

P O BOX 10

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORTEGA STATION

ORTEGA STATION

CITY & STATE

CITY & STATE

JACKSONVILLE FL

JACKSONVILLE FL

Zip

COUNTRY

Zip

COUNTRY

32210

DOVAL

32210

DOVAL

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY  
225 WATER ST  
STE 1800  
JACKSONVILLE FL 32202

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, 2000 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 ☐ Delete  
NAME PD  
STREET ADDRESS EYRICK, PETER T  
CITY-ST-ZIP 5034 PIRATES COVE RD  
JAX FL 32207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS EYRICK, JOYCE  
CITY-ST-ZIP 5034 PIRATES COVE RD  
JAX FL 32207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS EYRICK, COURTLAND  
CITY-ST-ZIP 2330 SW WILLISTON RD, APT 1425  
GAINESVILLE FL 32608

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3580 PINE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32210

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

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00 403 388 5100

CR2E034 (9/99)