

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90704 001 ***150.00

DOCUMENT # P98000011979

1. Entity Name
P.A.E. -ONE, INC.



Principal Place of Business
409 MONTGOMERY ROAD #155
ALTAMONTE SPRINGS FL 32714

Mailing Address
P.O. BOX 940349
MAITLAND FL 32794-0849

2. Principal Place of Business
1055 KENSINGTON PARK DR SUITE 411

3. Mailing Address
SAME
Suite, Apt. #, etc.
NO CHANGE

City & State
ALTAMONTE SPRINGS, FL

City & State

Zip
32714

Country
SEMINOLE

Zip

Country

4. FEI Number
59-3498267

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JURGENS, J.A.
505 WEKIVA SPRINGS RD
SUITE 500
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name
TOM EMANSKI
Street Address (P.O. Box Number is Not Acceptable)
1055 KENSINGTON PARK DR, SUITE 411
City
ALTAMONTE SPRINGS FL Zip Code
32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/2003

FILE NOW!!! FEE IS \$450.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
EMANSKI, TOM
409 MONTGOMERY RD., #155
ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, DIRECTOR
SEC/TREASURER

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **1/10/03** **407-786-2443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #