2000 UNIFORM BUSINESS REPORT (UBR)





186

125

3. 11. 3. 11. 40. 21.

73262 1. Entity Name

SIGNATURE:

FILED.

60

Processing Statistics and Statistics	PACE SETTER Homes INC.				00 NOV 27 PM 3: 30		
STUPPED FL. 34597 STUP							
STUPPED FL. 34597 STUP	a managaran mad	是一、15000000000000000000000000000000000000			THE STATE OF THE STATE		
Sulte. Appl. 4. atc. Sulte. Appl. 5. atc.	an Incipal Plac	C S A	2290.5	· & Country Club	EALT AHASSEF FLORID	AND SHOP OF THE PARTY OF THE PA	
Sulte. Appl. 4. atc. Sulte. Appl. 5. atc.	STUNGT FL. 34997				and the second s	7	
Sure, Apt. #, etc. Cory & State	STUPPE	7, FL. 34997	3. 0 4	,	,		
Sure, Apt. #, etc. Cory & State					·		
City & State City & State City & State Country Zo Co	2. Principal Place of Business 3. Mailing Address						
So, Name and Address of Current Registered Agent. Security Se	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
So, Name and Address of Current Registered Agent. Security Se	O(b. 0 Obs)			4 FELNumber 1 5 / 22 .// Applied For			
8. Name and Address of Current Registered Agent	City & State			Not Applicable			
Signature and Address of Current Registered Agent Name	Zip Country Zip		Country				
Name Street Address (P.O. Box Number is Not Acceptable)		6 Name and Address of Current	Pagistared Apart				
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 Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida.	. 1			Name			
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 Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida.	Waggover Dennis P.			Street Addres	Street Address (P.O. Roy Number is Not Acceptable)		
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 Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida.	IDLE. KENNISDY BLUD			2,700(7,100,100	Office (radioas (i.e. box radioas is radioas subject (i.e. box radioas)		
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 Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida. Signature, hypotic primary agent and sted applicable. Politic Registered office or registered agent, or both. In the State of Plorida.	Suite	E 2700 BACNET PLAT	A .				
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, lipsed or printed removed registered agent and after 4 pagestered Agent signature invanion when remaining) DATE	Ton	mpA EL 33602		City	FL	Zip Code	
SIGNATURE Symbolium, lyped or private name of registered general and side if applications NOTE Registered Agent operation is eligible to satisfy its Intangible Arter, SEPTEMBER 13; 2000 Min; will be \$750.00 Tax Miling requirement and elects to do so Arter, SEPTEMBER 13; 2000 Min; will be \$750.00 Marker Check Payabatio to Department of State Added to Fees							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) The SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE MAKE MAKE TITLE MAKE TOTY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREE							
9. This corporation is eligible to satisfy its Intanglobe Tax filing requirement and elects to do so (See criteria on back) After SEPTEMBER 13; 2000 Min. will be \$750.00; 10. Election Campaign Financing (See criteria on back) After SEPTEMBER 13; 2000 Min. will be \$750.00; 10. Election Campaign Financing (See criteria on back) After SEPTEMBER 13; 2000 Min. will be \$750.00; 10. Election Campaign Financing (See criteria on back) Addition Make Check Payable to Department of State Addition Make Check Payable to Department Addit	SIGNATURE						
Task filing requirement and elects to do so. (See criteria on back) After SEPTEMBER 33, 2000 Min. with be \$750.00 Make Check Payable to Department of State		Signature, typed or printed name of registered agent a	是你就说是 (ASAM) AB (AB (ASAM) A (ASAM)	· · · · · · · · · · · · · · · · · · ·	DATE	<u> </u>	
Make Chock Payable to Department of State			· 直接 · 并以为政治的 · 中心中心 · 二十年 · 如 · 中 · 中				
TITLE NAME 2770 S.E. Country Club LN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP T	-	·	the form of the many through the first property and other many that the	"收车"。 你说道:"在婚姻在我交出去事的结婚的否则,你	Market Hustrum Contribution.	Added to Fees	
NAME STREET ADDRESS CITY-ST-ZP CI	11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DI		
NAME STREET ADDRESS CITY-ST-ZP CI	TITLE	PS - Magada	☐ Delete			Change 🔲 Addition 🗟	
NAME STREET ADDRESS CITY-ST-ZP CI		mc Rught, MARY TO	(ب) طررا			5	
NAME STREET ADDRESS CITY-ST-ZP CI		ZIP CT. ODT F			2000034913622		
STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITL	TITLE	3104121,1-1		TITLE	<u> </u>	Change Addition	
CITY-ST-ZIP TITLE	NAME				****100.00 *	***150.00	
TITLE Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE AMME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-S							
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS			□ Doloto	<u> </u>		Change Addition	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP S			Delete			Onango	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP S	STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OBERED STREET ADDRESS CITY-ST-ZIP TITLE OBERED STREET ADDRESS CITY-ST-ZIP TITLE OBERED STREET ADDRESS CITY-ST-ZIP TITLE OBERED STREET ADDRESS CITY-ST-ZIP OBERED STREET ADDRESS CITY-ST-ZIP OBERED STREET ADDRESS CITY-ST-ZIP OBERED STREET ADDRESS CITY-ST-ZIP TITLE OBERED STREET ADDRESS CITY-ST-ZIP OBERED STREET ADDRESS CITY-ST-ZIP TITLE OBERED STREET ADDRESS CITY-ST-ZIP OBERED STREET ADDRESS C	CITY-ST-ZIP	<u> </u>		<u> </u>			
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP C			☐ Delete	•	<u></u>] Change Addition	
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S							
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE OF DELET TITLE OF DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OF DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OF DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OF DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OF DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OF DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OF DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OF DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OF DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OF DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OF DELET TITLE				CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. hereby certify that the information supplied with this filling 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 as 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 receipt ar trustee empowered to effect the report as popular by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if	TITLE		☐ Delete	TITLE		Change	
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. hereby certify that the information supplied with this filling 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 as a 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 receipt ar trustee empowered to effect the report as popular 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if							
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 as 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 receipt ar trustee empowered to effect the report as populared by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if						<u>-()</u>	
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 as if 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 receipt ar trustee empowered to effect by report as popular 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	·					Change Addition	
CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 as if 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 receipt ar trustee empowered to effect as purified by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if					J	JY Dr	
13. I hereby certify that the information supplied with this filling 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 as if 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 receipt are trustee empowered to effect as journal to the corporation of the receipt are trustee empowered to effect as journal to the corporation of the receipt are trustee empowered to effect as journal to the corporation of the receipt are trustee empowered to effect as journal to the corporation of the receipt are trustee empowered to effect as journal to the corporation of the receipt are trusteed 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 as it is the corporation of the receipt are trusteed 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 as it is the corporation of the receipt are trusteed in Section 119.07(3)(ii), Florida Statutes. I further certified to the corporation of the corporation of the corporation of the receipt are trusteed in Section 119.07(3)(ii), Florida Statutes. I further certified to the corporation of the cor	STREET ADDRESS					Y	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receipt ar trustee empowered to execute this report as populared by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if				<u>R</u>			
of the corporation or the receiver or trustee empowered to execute this report as propined 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 otherwise empowered	13. I hereby indicated	certify that the information supplied with i on this report or supplemental report is	this filing does not qualify for true and accurate and that	or the exemption stated in my signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify ne same legal effect as if made under oath; that I am	that the information an officer or director	
	of the co	rporation or the receive ar trustee empo	owered to effective this report with all other like embowered	t as required by Chapter (507, Florida Statutes; and that my name appears in 8	lock 11 or Block 12 if	

Stuart / Port St. Lucie (561) 340-2695



Pager (561) 871-4009 Fax (561) 340-2695

Custom Builders Since 1972

11/12/00

To Whom it may concern,

I did not recieve our Corp. 2000 renewal. It's being sent to the correct address, but the owner is out of town alot.

For now on could you please mail it to 843 S. E. Starflower Ave.

P.S.L., Fla. 34983. This will help everyone in the future

Thank You,

Peter McKnight/Sec.