

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90177 007 ***150.00

DOCUMENT # **G96840**

1. Entity Name
PACE ISLAND, INC.

Principal Place of Business
~~1733 PACE ISLAND TRACE~~
ORANGE PARK FL 32073

Mailing Address
~~1733 PACE ISLAND TRACE~~
ORANGE PARK FL 32073

2. Principal Place of Business
1909 Salt Myrtle Ln

3. Mailing Address
1909 Salt Myrtle Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orange Park, FL

City & State
Orange Park, FL

4. FEI Number **59-2398490**

Applied For
 Not Applicable

Zip
32003

Country
USA

Zip
32003

Country
USA

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

~~KENNETH M. KEEFE, JR.~~
~~50 N. LAURA STREET, SUITE 3300~~
~~JACKSONVILLE FL 32202~~

Name
RAX CO c/o Kenneth M. Keefe, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street, Suite 3300
 City **Jacksonville FL** Zip Code **32202**

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]* **V P - RAX CO** **3/15/01**
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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PACE, T W 1733 PACE ISLAND TRACE ORANGE PARK FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOD, SUSAN D 1733 PACE ISLAND TRACE ORANGE PARK FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete KEEFE, KENNETH M 50 NORTH LAURA STREET JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MIXON, B W 1909 SALT MYRTLE LANE ORANGE PARK FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACE, W H 1733 PACE ISLAND TRACE ORANGE PARK FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEACH, AUGUSTA P 1733 PACE ISLAND TRACE ORANGE PARK FL 32073

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PACE, T.W. 1909 Salt Myrtle Ln Orange Park, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WOOD, Susan D 1909 Salt Myrtle Ln Orange Park, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIXON, B. W. 1909 Salt Myrtle Ln Orange Park, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PACE, W. H. 1909 Salt Myrtle Ln Orange Park, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEACH, AUGUSTA P 1909 Salt Myrtle Ln Orange Park, FL 32003

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
B. W. Mixon VP-Treas.

3-1-01

904-264-2142

Date

Daytime Phone #

CR2E034 (10/00)