

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32547

1. Entity Name

PACEMAKERS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90173 006 ****61.25

Principal Place of Business

Mailing Address

C/O GLENN HAYES
 4973 S.E. INKWOOD WAY
 HOBESOUND FL 33455
 US

C/O GLENN HAYES
 4973 S.E. INKWOOD WAY
 HOBESOUND FL 33455-7851
 US

2. Principal Place of Business

3. Mailing Address

910 GLENN HAYES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4986 MT OLIVE SHORES DR.

City & State

POLK CITY, FL

4. FEI Number

59-2929126

Applied For

Not Applicable

Zip

Country

33868

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

HAYES, BETTY
 4973 S.E. INKWOOD WAY
 HOBESOUND FL 33455

Name HAYES, BETTY

Street Address (P.O. Box Number is Not Acceptable)

4986 MT OLIVE SHORES DR.

City POLK CITY

FL

Zip Code 33868

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

Betty Hayes Secretary

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

(NOTE: Registered Agent signature required when reinstating)

1-8-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	FITZMORRIS, ROBERT	
STREET ADDRESS	1176 HARBOR TOWN WAY	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAYES, GLENN	
STREET ADDRESS	4973 S.E. INKWOOD WAY	
CITY-ST-ZIP	HOBESOUND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAFFER, BOB	
STREET ADDRESS	921 N DORAL LANE	
CITY-ST-ZIP	VENICE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HAYES, BETTY	
STREET ADDRESS	4973 S.E. INKWOOD WAY	
CITY-ST-ZIP	HOBESOUND FL 33455	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, BILL	
STREET ADDRESS	5035 N SHORE DRIVE	
CITY-ST-ZIP	POLK CITY FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HILDRETH, ROSS	
STREET ADDRESS	5837 CONSUELLO DR	
CITY-ST-ZIP	HOLIDAY FL 34690	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILDRETH, ROSS	
STREET ADDRESS	5837 CONSUELLO DR.	
CITY-ST-ZIP	HOLIDAY FL 34690	

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 617, 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:

Betty Hayes SECRETARY BETTY HAYES, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00

Date

863-984-5635

Daytime Phone #

CR2E037 (9/99)