

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90131 043 ***150.00

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DOCUMENT # P99000078835

1. Entity Name
PACE ENCLOSURES, INC.

Principal Place of Business
11581 PAWLEY AVE.
BONITA SPRINGS FL 34135

Mailing Address
P.O. BOX 2527
BONITA SPRINGS FL 34133-2527



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11860 Lacy Lane

Suite, Apt. #, etc.

Unit B

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Zip

33912

Country

USA

Zip

Country

4. FEI Number

59-3596465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASEY, PATRICK B., J.D., CPA
9240 BONITA BEACH RD.
STE.2209 SUNSHINE PROFESSIONAL CNT.
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

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, 2002 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 **PD** ☐ Delete
NAME **SERRAO, DEXTER**
STREET ADDRESS **11581 PAWLEY AVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **SERRAO, DEXTER**
STREET ADDRESS **11860 Lacy Lane, Unit B**
CITY-ST-ZIP **Fort Myers, FL 33912**

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

TITLE ☐ Change ☐ Addition
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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 #

1-15-02

CR2E034 (9/01)