2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000139 AT

DOCUMENT # A96000001117

1. Entity Name
WESTERN PACIFIC, LTD.

FILED
03 APR 28 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
10 SE CENTRAL PARKWAY. #315 STUART FL 34994	P.O. BOX 439 PALM CITY FL 34991

4/28

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2003

4. FEI Number 65-0676299 ☐ Applied For ☐ Not Applicable

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
LAW OFFICE OF RUDOLPH M. DI LASCIO, JR.,PA 5798 JOHNSON STREET HOLLYWOOD FL 33021	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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$500,000.00	580,000.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000050216	STREET ADDRESS	100017187401
NAME	PROSERVE INTERNATIONAL, INC.	CITY-ST-ZIP	04/28/03--01064--001 **526.25
STREET ADDRESS	10 SE CENTRAL PARKWAY, #315		
CITY-ST-ZIP	STUART FL 34994		
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CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Ronald L. Schmidt 4/24/03 (772) 286-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER President of Proserve Date Daytime Phone #