## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 09, 2000 8:00 am Secretary of State DOCUMENT # F93000003762 PAS FINANCIAL GROUP, INC. 02-09-2000 90213 008 \*\*\*150.00 Mailing Address Principal Place of Business 6301 CAMPUS CIRCLE DRIVE. EAST 6301 CAMPUS CIRCLE DRIVE. EAST **UUUTIIUU** STE. 100 STE. 100 IRVING TX 75063-2791 IRVING TX 75063-2712 3. Mailing Address 2. Principal Place of Business DO NOT.WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 75-2321226 Not Applicate \$8.75 Additional Country Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE TITLE JERRY DON BECK NAME BECK, JERRY DON NAME 1410 White Chapel Rd. STREET ADDRESS STREET ADDRESS 1410 WHITE CHAPEL ROAD CITY-ST-ZIP Southlake IX 76092 CITY-ST-ZIP SOUTHLAKE TX □ .... Asst. Secretary, D Change TITLE TITLE Delete Katheen m Beaudette NAME NAME BEAUDETTE, KATHLEEN STREET ADDRESS 4009 BRADIEY IN STREET ADDRESS 4009 BRADLEY LN. CITY-ST-ZIP CITY-ST-ZIP Allington TX **ARLINGTON TX 76017** Change Delete TITLE TITLE TD Encique Castelo 9756 N.W. 29th St. NAME NAME GRIFFIN, TROY STREET ADORESS STREET ADDRESS 2200 SHADOW CREEK CT CITY-ST-ZIP Miami FL CITY-ST-ZIP SOUTHLAKE TX 76092 ☐ Change ☐ Delete TITLE TITLE Michael P. Moean NAME 1400 New Costle Pd. STREET ADDRESS STREET ADDRESS Southlake CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Aethur Heggy abil Sw. 72 Xd CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami. Fl CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #

Date

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.