2001 UNIFORM BUSINESS REPORT (UBR)

May 30, 2001 8:00 am Secretary of State **DOCUMENT # H70436** 1. Entity Name 05-30-2001 90032 044 ***150.00 PACIFIC WORLD PRODUCTS, INC. Principal Place of Business Mailing Address 265 MARION STREET 265 MARION STREET INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937 2. Principal P ace of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2825560 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nam e DEESE, PATRICK J., P.A. Street Address (P.O. Box Number is Not Acceptable) 1516 NORTH HARBOR CITY BLVD MELBOURNE FL 32935 City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent sicinature required when reinstating) DATE FILE NOW! ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payab e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) DP TITLE TITLE Delete LONERGAN, JOHN P. NAME NAME STREET ADDRESS STREET ADDRESS 265 MARION ST CITY-ST-ZIP CITY-ST-ZIP INDIAN HBR BCH FL ☐ Delete ☐ Change ☐ Addition EITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete HITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THTLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS (ITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

JOHN P. LONCRE AS

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that more indicated on this report or supplemental report is true and accurate and that more indicated on this report or supplemental report is true and accurate and that more indicated on this report or the receiver or trustee empowered or execute this report a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attactor of the receiver of trustee empowered.

FILED

Attachment DIFH70136 AUJ72157

Wednesday, May 23, 2001

Florida Department of State Division of Corporations P O BOX 6327 Tallahassee, Florida 32314

RE: UBR 2001

Dear Sir/Madame:

Please accept enclosed check herewith in the amount of \$150 as payment for the 2001 Uniform Business Report for PACIFIC WORLD PRODUCTS, INC.

I was traveling in Africa during the time the form filing was due and because of circumstances beyond my control I overlooked sending the form in by the due date of May 1, 2001.

I hope you will forgive the late filing of this form and accept my enclosed check in amount of \$150 as payment in full.

Thank you for complying with this request.

Sincerely,

John Lonergan, President/Director

265 Marion Street

Indian Harbor Beach, Florida 32937

Phone (321) 773-2718

Email: <u>llonergan@prodigy.net</u>