

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90167 045 ***150.00

DOCUMENT # H70436

1. Entity Name

PACIFIC WORLD PRODUCTS, INC.

656506

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1202 Pawnee Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Indian Harbor Beach

City & State

4. FEI Number 99-2825560

Applied For
Not ApplicableZip
32937

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Thomas Michael Deese, CPA, PAStreet Address (P.O. Box Number is Not Acceptable)
307 East Lincoln Avenue

City Melbourne FL Zip 32901

DO NOT WRITE
IN THIS SPACE

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

Thomas Michael Deese, CPA

3/6/2002

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) ☐January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$6125
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Lonergan, John P. 1202 Pawnee Terrace Indian Harbor Beach, FL
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 MAR 02

Date

Daytime Phone #

CR2E034B (12/01)