

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90005 039 \*\*\*150.00

012199 AT

**DOCUMENT # K59836**

1. Entity Name  
**PACIFIC FINANCIAL ASSOCIATES, INC.**

Principal Place of Business <b>PO BOX 292667          TAMPA FL 33687-2667          US</b>	Mailing Address <b>PO BOX 292667          TAMPA FL 33687-2667          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2928130</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SMITH, M.J.</b> <b>6406 E. FOWLER AVE</b> <b>STE -A</b> <b>TEMPLE TERRACE FL 33617</b>				Name Street Address (P.O. Box Number is Not Acceptable) <b>6218 SOARING AVENUE</b> <b>TAMPA</b> <b>33617</b> City Zip Code <b>FL</b>			

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 *M.J. Smith, President* **8-27-01**  
Signature of Registered Agent required when reinstating. (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.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SMITH, M J 6406 E. FOWLER AVENUE SUITE A TEMPLE TERRACE FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6218 SOARING AVENUE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *M.J. Smith, President* **8-27-01**  
Signature of Registered Agent required when reinstating. (NOTE: Registered Agent signature required when reinstating) DATE Daytime Phone #

CRE034 (5/01)

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

attachment  
D# K59836  
B0063511

Dear Representative:

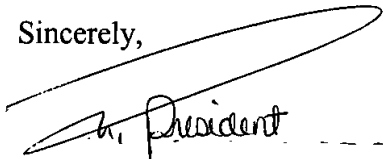
This letter is to seek your help. My wife's father died in March ... and it has had an enormous drain on our family. We haven't been able to sleep ... to eat ... to do much of anything.

The depression has been deep ... and a lot of things didn't get done. We have had to deal with what seems to be tons of forms, probate, wills, you name it. We have had to relive Peck's death every day ... what with magazines to cancel, forms to fill out, documents to change, insurance to cancel ... and all of the rest.

I really don't know whether I ever received the notice for my small corporation ... if I did, I don't remember seeing it.

I am asking ... no, begging you ... to accept the \$150 annual fee and waive the late fee. I am a good person ... just having a really tough year. What with the death of my father in law ... I can't afford the late fee. Please accept my \$150 check and I will appreciate it forever.

Sincerely,



Jeff Smith, President  
Pacific Financial Associates Inc.  
Document # K59836  
PO Box 292667  
Tampa, FL 33687-2667