

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90093 022 \*\*\*150.00

**DOCUMENT # K59836**

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



Principal Place of Business  
**PO BOX 292667  
TAMPA FL 33687-2667  
US**

Mailing Address  
**PO BOX 292667  
TAMPA FL 33687-2667  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2928130**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SMITH, M.J.  
6218 SOARING AVE  
TAMPA FL 33617**

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD SMITH, M J 6218 SOARING AVE TEMPLE TERRACE FL 33617</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**5-27-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

80123004  
K59836

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

Dear Representative:

This letter is to ask you to accept this filing as on time because of some unavoidable circumstances. I was diagnosed with an extremely serious case of obsessive compulsive disorder in the first quarter of this year.

My psychiatrist has me on an extremely heavy dose of medication. I have been unable to function properly during the first five months of this year. My one-person business has been virtually non-existent.

I also have had several other major problems. I was forced to have my left eye removed during emergency surgery previously. I had a major scare with my right eye with vision problems. I also have had internal bleeding and some other serious medical problems.

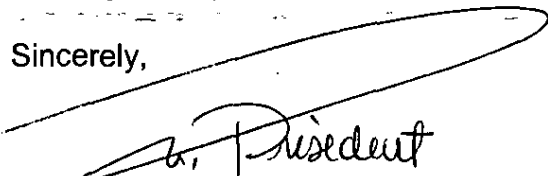
I am scheduled for a colonoscopy (spelling) June 13. I also have had severe anxiety and nervous problems associated with the obsessive-compulsive disorder. With all this going on, I had misplaced and completely forgotten about the annual filing.

Since I have been virtually living off savings, I hadn't even remembered it ... until today ... when I found the form when I went through a stack of random papers.

Please, consider my hardship and accept my \$150 regular filing. I cannot afford the late fee with my current situation.

Thank you for your kind consideration.

Sincerely,



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