

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0019028 AF

DOCUMENT # L00000002150

1. Entity Name
PACIFIC TRADING COMPANY, LLC

01 MAY -1 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4802 PEPE ORTIZ RD. S.E.
RIO RANCHO NM 87124

Mailing Address
4802 PEPE ORTIZ RD. S.E.
RIO RANCHO NM 87124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1125 Park Blvd

3. Mailing Address

1125 Park Blvd

Suite, Apt. #, etc.

STE 104-204

Suite, Apt. #, etc.

STE 104-204

City & State

Seminole FL

City & State

Seminole FL

Zip

33772

Country

Zip

33772

Country

4. FEI Number

59-3625214

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUMM, L. M
11125 PARK BLVD. SUITE 104-206
SEMINOLE FL 33772-4700

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	L. MICHAEL GUMM	
STREET ADDRESS	11273 121 ST TERRELL	
CITY-ST-ZIP	LAKEWOOD FL 33778	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	Victoria S. Gumm	
STREET ADDRESS	11273 121 ST TERRELL	
CITY-ST-ZIP	LAKEWOOD FL 33778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

L. MICHAEL GUMM 2/21/01 727-581-0564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)