

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90004 020 \*\*\*\*50.00

DOCUMENT # L01000013268

1. Entity Name

Pacific Capital Holdings LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
160 West Camino Real

Suite, Apt. #, etc.  
#308

City & State  
Boca Raton Florida

Zip  
33432

Country  
USA

3. Mailing Address  
160 West Camino Real

Suite, Apt. #, etc.  
#308

City & State  
Boca Raton Florida

Zip  
33432

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1128298

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name McInnis, Scott

Street Address (P.O. Box Number is Not Acceptable)

426 NW 44 terrace # 201

City Deerfield Beach

FL Zip Code  
33442

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 use if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME McInnis, Scott  
STREET ADDRESS 160 West Camino Real #308  
CITY-ST-ZIP Boca Raton Florida 33442

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**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:

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

Date

Daytime Phone #

CR2E083B (12/02)