

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0016623  
AB

DOCUMENT # M98000000727

1. Entity Name  
FINANCIAL PACIFIC LEASING, LLC

00 APR -6 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3455 South 344 Way  
Auburn, WA 98001

Mailing Address  
PO BOX 4568  
Federal Way, WA 98063

2. Principal Place of Business  
3455 South 344 Way  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 4568  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Auburn, WA

City & State  
Federal Way, WA

4. FEI Number  
91-1877092

Applied For  
Not Applicable

Zip  
98001

Country  
USA

Zip  
98063

Country  
USA

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

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE 01/25/2000  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Jack Caskey, Asst. Vice Pres  
**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, DAVID T		NAME		
STREET ADDRESS	3901 SOUTH FIFE		STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA 98409		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, DALE A		NAME		
STREET ADDRESS	3901 SOUTH FIFE		STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA 98409		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-3-00

Date Daytime Phone #