


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90123 036 ****61.25

DOCUMENT # N00000005770	
1. Entity Name PASCO2100, INC.	

Principal Place of Business 13703 BRYNDLEWOOD CT. HUDSON FL 34669	Mailing Address 13703 BRYNDLEWOOD CT. HUDSON FL 34669
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2. Principal Place of Business 10928 Alico Pass Suite, Apt. #, etc.	3. Mailing Address 10928 Alico Pass Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State New Port Richey, FL	City & State New Port Richey, FL
Zip 34655	Zip 34655
Country USA	Country USA

4. FEI Number 59-3908330	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLAKE, BRUCE E 13703 BRYNDLEWOOD CT. HUDSON FL 34669
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7. Name and Address of New Registered Agent Name: Kathryn Starkey Street Address (R.O. Box Number is Not Acceptable): 10928 Alico Pass City: New Port Richey, FL Zip Code: 34655

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 Kathryn Starkey *Kathryn Starkey*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE PTD NAME BLAKE, BRUCE E STREET ADDRESS 13703 BRYNDLEWOOD CT CITY-ST-ZIP HUDSON FL 34669	<input type="checkbox"/> Delete
TITLE SD NAME PHILIPS, MEL STREET ADDRESS 1209 ASHBOURNE CIRCLE CITY-ST-ZIP NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
TITLE VD NAME STARKEY, KATHRYN STREET ADDRESS 10928 ALICO PASS CITY-ST-ZIP NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
TITLE D NAME LAZO, CONRAD STREET ADDRESS 9022 IRONDALE LANE CITY-ST-ZIP HUDSON FL 34667	<input checked="" 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 10	
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 517, 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: *Kathryn Starkey* 1/23/03 727-376-3046

CR2E037 (10/02)