

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90062 020 ***150.00

DOCUMENT #
1. Entity Name **P 01000084745**
Pass & Associates Financial Services, Inc.

DO NOT WRITE IN THIS SPACE

425180

2. Principal Place of Business 627 Hwy 17 South <small>Suite, Apt. #, etc.</small>	3. Mailing Address 627 Hwy 17 South <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State San Mateo, Florida	City & State San Mateo, Florida	4. FEI Number 36-4465871	Applied For <input type="checkbox"/> Not Applicable
Zip 32187	Country US	Zip 32187	Country US
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Madeline Gayle Pass

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

City
Pomona Park

State
FL

Zip
32181

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 *Madeline G. Pass* *Madeline G. Pass* *2/28/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/T/D Madeline Gayle Pass 354 Sisco Rd Pomona Park, Florida 32181	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like employees.

SIGNATURE: *Madeline G. Pass* *Madeline G. Pass* *2/28/02* *386-325-5110*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/01)