5/14

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 18, 2002 8:00 am**
**Secretary of State**
05-14-2002 90314 035 ***150.00

93556

DOCUMENT # P01000098784

1. Entity Name
PACIFIC RIM CONSULTANTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2875 S. ORANGE AVENUE<br>SUITE 500-2125<br>ORLANDO FL 32806-545 | 2875 S. ORANGE AVENUE<br>SUITE 500-2125<br>ORLANDO FL 32806-545 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3749396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFSON, GARY L
2875 S. ORANGE AVENUE
SUITE 500-2125
ORLANDO FL 32806-545

7. Name and Address of New Registered Agent

Name: JAMES C. STANLEY
Street Address (P.O. Box Number is Not Acceptable): 2875 S. ORANGE AVENUE
SUITE 500-2125
City: ORLANDO FL Zip Code: 32806

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: JAMES C. STANLEY, CHAIRMAN 3/15/02
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) ☐

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2002 Fee will be $550.00**
**Make Check Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WOLFSON, GARY L<br>2875 S. ORANGE AVENUE, SUITE 500-2125<br>ORLANDO FL 32806 | ☐ Delete | CHAIRMAN<br>JAMES C. STANLEY<br>2875 S. ORANGE AVE, STE 500-2125<br>ORLANDO, FL 32806 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>YANG, LIN JING<br>2875 S. ORANGE AVENUE, SUITE 500-2125<br>ORLANDO FL 32806 | ☒ Delete | V<br>KENNETH L. CLINTON<br>2875 S. ORANGE AVE, STE 500-2125<br>ORLANDO, FL 32806 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>MAGEE, MARISA A<br>2875 S. ORANGE AVENUE, SUITE 500-2125<br>ORLANDO FL 32806 | ☒ Delete | ST<br>XU JIN QIU<br>2875 S. ORANGE AVE, STE 500-2125<br>ORLANDO, FL 32806 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 3/15/02 4072369489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #