

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

DOCUMENT # *PO 1000 111 708*

1. Entity Name
PACIFIC SYNERGY INTERNATIONAL, INC.

FILED

02 MAY 23 PM 12:34

*SECRETARY OF STATE
TALLAHASSEE, FLORIDA*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
120 VERA CRUZ BLVD.

Suite, Apt. #, etc.
#813

3. Mailing Address
120 VERA CRUZ BLVD.

Suite, Apt. #, etc.
#813

City & State
PONTE VEDRA, FL

City & State
PONTE VEDRA, FL

Zip
32082

Country
ST JOHNS

Zip
32082

Country
ST JOHNS

USA

**DO NOT WRITE
IN THIS SPACE**

2002 UBR

DO NOT WRITE IN THIS

4. FEI Number

26-0051158

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
DIANNA O. HALLFORD

Street Address (PO Box Number is Not Acceptable)

120 VERA CRUZ BLVD.

813

City *PONTE VEDRA* FL Zip Code *32082*

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

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)

**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

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
DIANNA O. HALLFORD
120 VERA CRUZ BLVD. #813
PONTE VEDRA, FL 32082*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*200005979612-6
-06/25/02-01070-007*

******150.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE

IN THIS SPACE

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 empowered.

Dianna O. Hallford
SIGNATURE: *Dianna O. Hallford*

May 21, 2002 (904) 280-4137

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR