

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90133 019 \*\*\*150.00

**DOCUMENT # P02000081789**

**1. Entity Name**  
**PACIFIC CODE DEVELOPMENT CORP.**



**Principal Place of Business**  
**2901 POMPINO DR**  
**SEBRING FL 33870**

**Mailing Address**  
**2901 POMPINO DR**  
**SEBRING FL 33870**

**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** 47-0882477

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FISCHER, MICHAEL J**  
**2901 POMPINO DR**  
**SEBRING FL 33870**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**D**  
**FISCHER, MICHAEL J**  
**2901 POMPINO DR**  
**SEBRING FL 33870**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY - ST - ZIP**

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**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 607, 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:**

**SIGNATURE REQUIRED** Michael Fischer

9/4/03 863-385-7576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90154682  
#P02000081789

September 4, 2003

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

In reference to: Document # P02000081789

Dear Sirs:

My corporation did not receive the prior notice of the Uniform Business Report and I respectfully request that the late fee be waived. I have included the completed form and the original \$150.00 filing fee.

I may be reached at (863) 385-7576 ext 112 if anything else is required.

Thank you in advance for your assistance.

Regards,



Michael J. Fischer

Director

863-385-7576 ext 112

Pacific Code Development, Corp.

2901-Pompino-Drive

Sebring, Florida 33870