

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-08-2003 90316 044 \*\*\*150.00

0151256 MB

**DOCUMENT # P02000103184**

1. Entity Name  
**BCR PACIFIC, INC.**



Principal Place of Business  
**217 PINE ST STE 900  
SEATTLE WA 98101**

Mailing Address  
**217 PINE ST STE 900  
SEATTLE WA 98101**

2. Principal Place of Business  
**822 A1A NORTH**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 304**

Suite, Apt. #, etc.

City & State  
**PONTE VEDRA BEACH, FL**

City & State

Zip  
**32082**

Country  
**U.S.A.**

Zip

Country

4. FEI Number  
**83-0341154**

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

**F&L CORP.  
200 LAURA ST N  
JACKSONVILLE FL 32202**

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)

*[Signature]*

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEAVER, BRADLEY 217 PINE ST STE 900 SEATTLE WA 98101</b>	<input 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/5/03 (904) 280-1405**

Date Daytime Phone #

CR2E034 (4/03)

Attachment#

10111207

PO2000103184

BCR PACIFIC, INC.

217 PINE STREET, SUITE 900  
SEATTLE, WA 98101

9/2/03

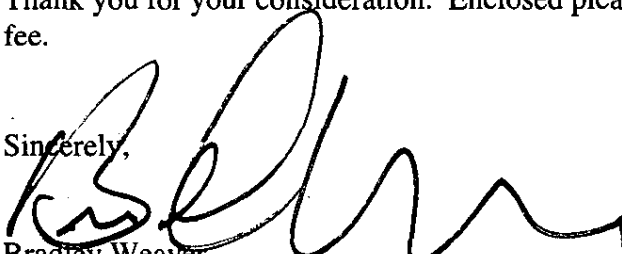
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern::

I am writing to request a waiver of the \$400.00 late fee. I did not receive the prior notice. This is the first UBR Report for BCR Pacific,, Inc., I am now aware that reports are due between January 1 and May 1 as stated in your FAQs section in the 2003 UBR packet I received in July of this year.

Thank you for your consideration. Enclosed please find the completed 2003 UBR and \$150.00 filing fee.

Sincerely,

  
Bradley Weaver  
President  
BCR Pacific, Inc.