2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P02000103649 **DOCUMENT #**

1. Entity Name PASSIFLORA & COMPANY, INC.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90229 049 ***150.00

Principal Place of Business 3665 3RD PLACE VERO BEACH FL 32968 US 2. Principal Place of Business		Mailing Address 3665 3RD PLACE VERO BEACH FL 32968 US 3. Mailing Address		
Suite, Apt. #, etc.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip Co	untry Zip	T	Country	5. Certificate of Status Desired See Required Not Applicable
6. Name and	Address of Current Register	ed Agent		7. Name and Address of New Registered Agent
BARKETT, BRUCE D ESQ. 756 BEACHLAND BLVD. VERO BEACH FL 32963			Name Street Addres	ss (P.O. Box Number is Not Acceptable)
		1 1.	City	Zip Code stered agent, or both, in the State of Florida. 1 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) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution.				
.10.	OFFICERS AND DIRECTO		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP NACION, JIM 3665 3RD PLAC VERO BEACH F		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME NACION, JIM STREET ADDRESS CITY-ST-ZIP VERO BEACH F		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T NACION, JIM 3665 3RD PLAC VERO BEACH FI		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NACION, JIM STREET ADDRESS CITY-ST-ZIP VERO BEACH FI		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pation supplied will this su-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information

poor 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee am changed, or on an attachment with an address Jim NACION

SIGNATURE: