

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90075 024 \*\*\*150.00

**C0037127**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000028730**

**1. Entity Name**  
**PASCO RESOURCE MANAGEMENT, INC.**

**Principal Place of Business**

**Mailing Address**

6707 MADISON STREET  
NEW PORT RICHEY FL 34652  
US

P.O BOX 1044  
PORT RICHEY FL 34673-1044  
US

**2. Principal Place of Business**

**3. Mailing Address**

6641 MADISON ST  
Suite, Apt. #, etc.

6641 MADISON ST  
Suite, Apt. #, etc.

City & State  
NEW PORT RICHEY FL

City & State  
NEW PORT RICHEY FL

Zip  
34652

Zip  
34652

Country  
USA

Country  
USA

**4. FEI Number** 59-3310169

Applied For  
Not Applicable

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

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

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

DEMPSEY, DAVID W  
6641 MADISON ST  
NEW PORT RICHEY FL 34652

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.**

**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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTSC DEMPSEY, DAVID W. 6641 MADISON STREET NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMPSEY, DAVID W 6641 MADISON STREET NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2000 (727) 771-6453  
Date Daytime Phone #

CR2E034 (9/99)