

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90179 033 ***158.75

DOCUMENT # P97000107250

1. Entity Name

PACIFIC RIM INSURANCE, INC.

Principal Place of Business

2701 BRUCE STREET
 MATLACHA FL 33993

Mailing Address

2701 BRUCE STREET
 MATLACHA FL 33993-9744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0800795

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMSTRON, WILLIAM G
 2701 BRUCE ST
 MATLACHE FL 33991

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VD	KILLEN, DEBORAH A		
519 SUNSET CIR	FRANKLIN KY 42134		
SD	ARMSTRONG, WILLIAM R		
2618 FAIRMONT AVE	NEW SMYRNA BEACH FL 32069		
TD	EATON, PATRICIA A		
21771 SILVER MEADOW LN	PARKER CO 80138		
PDCT	ARMSTRONG, WILLIAM G		
2701 BRUCE ST	MATLACHA FL 33993		
S	ARMSTRONG, WILLIAM G		
2701 BRUCE ST	MATLACHA FL 33993		

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 a check, or on any other like empowered.

SIGNATURE: *William G. Armstrong* DATE: *2/12/2000* DAYTIME PHONE #: *941 283 6055*