

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90071 050 ***158.75

DOCUMENT # **P 97000107250**

1. Entity Name

Pacific Rim Insurance, Inc.

DO NOT WRITE IN THIS SPACE

420151

2. Principal Place of Business

11260 JACANA CT

Suite, Apt. #, etc.

2001

City & State

Ft. Myers Fla.

Zip

33908

Country

Lee

3. Mailing Address

11260 JACANA CT

Suite, Apt. #, etc.

2001

City & State

Ft. Myers Fla.

Zip

33908

Country

Lee

4. FEI Number

65-0800795

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

William G. Armstrong

Street Address (P.O. Box Number is Not Acceptable)

11260 JACANA CT.

#2001

City

Ft. Myers

FL

Zip Code

33908

**DO NOT WRITE
IN THIS SPACE**

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

William G. Armstrong, President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

William G. Armstrong, President 3/5/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *VD*
NAME *Killen, Deborah A*
STREET ADDRESS *519 Sunset Circle*
CITY-ST-ZIP *Franklin, KY, 42134*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *SD*
NAME *Armstrong, William Roy*
STREET ADDRESS *2618 Fairmont Ave*
CITY-ST-ZIP *New Smyrna Beach, FL, 32069*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *TD*
NAME *EATON, Patricia A.*
STREET ADDRESS *10488 Longleaf Dr.*
CITY-ST-ZIP *Parker, CO, 80134*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *PDCTS*
NAME *ARMSTRONG William G*
STREET ADDRESS *11260 JACANA CT. #2001*
CITY-ST-ZIP *Ft. Myers, FL. 33908*

TITLE
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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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Armstrong

3/5/02

Date

941-9850407

Daytime Phone #

CR2E034B (12/01)