

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-08-2003 90028 022 \*\*\*158.75

**DOCUMENT # P97000107250**

1. Entity Name  
**PACIFIC RIM INSURANCE, INC.**



Principal Place of Business  
**11260 JACANA CT  
2001  
FORT MYERS FL 33908**

Mailing Address  
**11260 JACANA CT  
2001  
FORT MYERS FL 33908**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0800795**

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

**ARMSTRON, WILLIAM G  
11260 JACANA CT  
2001  
FORT MYERS FL 33908**

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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	VD	<input type="checkbox"/> Delete
NAME	KILLEN, DEBORAH A	
STREET ADDRESS	519 SUNSET CIR	
CITY-ST-ZIP	FRANKLIN KY 42134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, WILLIAM R	
STREET ADDRESS	2618 FAIRMONT AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32069	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EATON, PATRICIA A,	
STREET ADDRESS	10488 LONGLEAF DR	
CITY-ST-ZIP	PARKER CO 80134	
TITLE	PDCT	<input type="checkbox"/> Delete
NAME	ARMSTRONG, WILLIAM G	
STREET ADDRESS	11260 JACANA CT 2001	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARMSTRONG, WILLIAM G	
STREET ADDRESS	2701 BRUCE ST	
CITY-ST-ZIP	MATLACHA FL 33993	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 files empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William G. Armstrong* 1/6/03 239 985 0407