

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90004 049 \*\*\*150.00

0350811 AV

**DOCUMENT # P98000075935**  
 1. Entity Name  
**SM PASTOR CORPORATION**

Principal Place of Business <b>639 MICHIGAN BLVD.          STE. 1500          DUNEDIN FL 34698</b>	Mailing Address <b>639 MICHIGAN BLVD.          STE. 1500          DUNEDIN FL 34698</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>639 Michigan BLVD</b> Suite, Apt. #, etc. <b>Suite 1500</b> City & State <b>DUNEDIN FL 34698</b>	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

4. FEI Number <b>59-3532268</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**PASTOR, MARILYN I**  
**7250 118TH TERRACE N**  
**LARGO FL 33773 \***

7. Name and Address of New Registered Agent

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 **MARILYN I. PASTOR** *Marilyn I. Pastor* DATE **3/23/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE <b>D PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PASTOR, MARILYN I</b>		NAME	
STREET ADDRESS <b>7250 118TH TERR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL 33773</b>		CITY-ST-ZIP	
TITLE <b>D VICE PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PASTOR, SILVERIO</b>		NAME	
STREET ADDRESS <b>7250 118TH TERR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL 33773</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **MARILYN I. PASTOR** *Marilyn I. Pastor* President DATE **3/23/02** Daytime Phone # **727 736-0793**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)