

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90343 009 \*\*\*150.00

**DOCUMENT # P98000075935**

1. Entity Name

**SM PASTOR CORPORATION**



Principal Place of Business

**659 MICHIGAN BLVD  
STE. 1500  
DUNEDIN FL 34698**

Mailing Address

**639 MICHIGAN BLVD.  
STE. 1500  
DUNEDIN FL 34698**

2. Principal Place of Business

**639 Michigan Blvd**

3. Mailing Address

**639 Michigan Blvd**

Suite, Apt. #, etc.

**Suite 1500**

Suite, Apt. #, etc.

**Suite 1500**

City & State

**Dunedin Fla**

City & State

**Dunedin**

Zip

**34698**

Country

**Fla**

Zip

**34698**

Country

**Fla**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3532268**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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. 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

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **PASTOR, MARILYN I**  
CITY-ST-ZIP **7250 118TH TERR.  
LARGO FL 33773**

TITLE ☐ Delete  
NAME **DVP**  
STREET ADDRESS **PASTOR, SILVERIO**  
CITY-ST-ZIP **7250 118TH TERR.  
LARGO FL 33773**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, and 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 like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARILYN I. PASTOR 4/14/03**

**727-736 0793**

Date

Daytime Phone #

CR2E034 (10/02)