

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90178 023 ***158.75

DOCUMENT # P99000074500

1. Entity Name
PACIFIC PRODUCTION, INC.

Principal Place of Business 5856 GRAND CYPRESS CIRCLE #201 NAPLES FL 34109	Mailing Address 5356 GRAND CYPRESS CIRCLE #201 NAPLES FL 34109-0908
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3335 TIMBERWOOD CR.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NAPLES, FL.	City & State SAME
Zip 34105 Country USA	Zip SAME Country SAME

4. FEI Number 59-3592233	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MATHURIN, VICTOR E
~~5356 GRAND CYPRESS CIRCLE #201~~
NAPLES FL 34109

7. Name and Address of New Registered Agent
 Name
MATHURIN, VICTOR E.
 Street Address (P.O. Box Number is Not Acceptable)
3335 TIMBERWOOD CIRCLE
 City
NAPLES FL Zip Code
34105

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 *Victor E. Mathurin* DATE 4/24/00
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, 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	
TITLE PRES, TREAS, SEC.	<input type="checkbox"/> Delete
NAME MATHURIN VICTOR E.	
STREET ADDRESS 3335 TIMBERWOOD CR.	
CITY-ST-ZIP NAPLES, FL 34105	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Victor E. Mathurin* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)