

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

Mailing Address

~~5850 GRAND CYPRESS CIRCLE #201~~
NAPLES FL 34109

~~5355 GRAND CYPRESS CIRCLE #201~~
NAPLES FL 34109-0908

2. Principal Place of Business

3. Mailing Address

3335 TIMBERWOOD CR.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL.

SAME

Zip

Country

Zip

Country

34105

USA

SAME

SAME

4. FEI Number

59-3592233

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

MATHURIN, VICTOR E
5356 GRAND CYPRESS CIRCLE #201
NAPLES FL 34109

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES, TREAS, SEC.** ☐ Delete
NAME **MATHURIN VICTOR E.**
STREET ADDRESS **3335 TIMBERWOOD CIR.**
CITY-ST-ZIP **NAPLES, FL 34105**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)