

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State
 08-20-2002 90126 007 ***550.00

DOCUMENT # S30257
 1. Entity Name
CONTINENTAL PACIFIC CORPORATION

Principal Place of Business Mailing Address
3434 HANCOCK BRIDGE PARKWAY **3434 HANCOCK BRIDGE PARKWAY**
SUITE 300 **SUITE 300**
N. FORT MYERS FL 33903 **N. FORT MYERS FL 33903**

00104037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
260 PROFESSIONAL PLACE **260 PROFESSIONAL PLACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
N. Fort Myers, FL **N. Fort Myers, FL**
 Zip Country Zip Country
33903 **US** **33903** **US**

4. FEI Number **65-0245981** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAROSE, LEONARD
3505 W. ATLANTIC BLVD.
SUITE 309
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name **LEONARD LAROSE**
 Street Address (P.O. Box Number is Not Acceptable)
3032 SW 5th AVE.
 City **CAPE CORAL** FL Zip Code **33914**

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 **LEONARD LAROSE** **Leonard LaRose** **8-9-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PCD** ☐ Delete
 NAME **AGRAWAL, SATENDRA**
 STREET ADDRESS **3434 HANCOCK BRIDGE PKWY, STE 300**
 CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **TSD** ☐ Delete
 NAME **AGRAWAL, BARBARA**
 STREET ADDRESS **3434 HANCOCK BRIDGE PKWY, STE. 300**
 CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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CR2E034 (4/02)

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

80902
 Date Daytime Phone #