

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90474 021 ***150.00

0316314 AT

DOCUMENT # F00000003797

1. Entity Name
PACIFIC CONCORD INVESTMENT CORPORATION



Principal Place of Business
**6 INDUSTRIAL WAY EAST
EATONTOWN NJ 07724**

Mailing Address
**6 INDUSTRIAL WAY EAST
EATONTOWN NJ 07724**



2. Principal Place of Business
Spring Hill Suites

3. Mailing Address

Suite, Apt. #, etc.
2000 N.W. Courtney Circle

Suite, Apt. #, etc.

City & State
Port St. Lucie, FL

City & State

Zip
34986 Country
US

Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BALLARD, GARY L
500 NORTH OLEANDER AVENUE
DAYTONA BEACH FL 32118**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	PCD CHIANG, WEN-HUI	<input type="checkbox"/> Delete
STREET ADDRESS	23 SUNRISE CIRCLE	
CITY-ST-ZIP	HOLMDEL NJ 07733	
TITLE NAME	VD WU, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	2 TYCOR RUN	
CITY-ST-ZIP	HOLMDEL NJ 07733	
TITLE NAME	SD CHIANG, CHING TAI	<input type="checkbox"/> Delete
STREET ADDRESS	23 SUNRISE CIRCLE	
CITY-ST-ZIP	HOLMDEL NJ 07733	
TITLE NAME	AS SMITH, BRIAN B	<input type="checkbox"/> Delete
STREET ADDRESS	ROUTE 35	
CITY-ST-ZIP	EATONTOWN NJ 07724	
TITLE NAME	TD WU, LEE GEN	<input type="checkbox"/> Delete
STREET ADDRESS	2 TYCOR RUN	
CITY-ST-ZIP	HOLMDEL NJ 07733	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Engenbrandt** Date **2/24/03** Daytime Phone # **7325442625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)