

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90098 009 ***150.00

UBR 13203

DOCUMENT # F98000003388

1. Entity Name
PACIFIC SHORE FUNDING INC.

Principal Place of Business
**23101 LAKE CENTER DR., STE. 200
 LAKE FOREST CA 92630**

Mailing Address
**23101 LAKE CENTER DR., STE. 200
 LAKE FOREST CA 92630**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0352433**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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.

SIGNATURE _____ DATE _____
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, 2001 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	D	<input type="checkbox"/> Delete
NAME	WOLFE, TERRY	
STREET ADDRESS	22391 BAYBERRY	
CITY-ST-ZIP	MISSION VIEJO CA 92692	
TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	PALLANTE, ANTHONY	
STREET ADDRESS	31202 VIA COLINAS	
CITY-ST-ZIP	COTO DE CAZA CA 92679	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, DALE A	
STREET ADDRESS	5 MARSEILLE	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	
TITLE	V	<input type="checkbox"/> Delete
NAME	KO, LI-LIN	
STREET ADDRESS	34 DEWEY	
CITY-ST-ZIP	IRVINE CA 92620	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Exton, Edward F.	
STREET ADDRESS	626 A Clubhouse Dr.	
CITY-ST-ZIP	Newport Beach, CA 92336	
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:

Date: **4/26/01** Daytime Phone #: **(949) (999-1000)**

CR2E034 (10/00)