

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001967

1. Entity Name  
COTTON PATCH, INC.

Principal Place of Business  
442 N DONNELLY STREET  
MT DORA FL 32757

Mailing Address  
442 N DONNELLY STREET  
MT DORA FL 32757

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number  
43-1704774

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, MICHAEL P  
442 N DONNELLY STREET  
MT DORA FL 32757

Name Patricia L. Simon  
Street Address (P.O. Box Number is Not Acceptable)  
442 N Donnelly St  
City Mt Dora FL Zip Code 32757

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 *Patricia L. Simon* Patricia L. Simon 8/17/01  
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 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CDPS  
NAME SIMON, PATRICIA L  
STREET ADDRESS ~~225 N TRMAIN~~ 442 N. Donnelly St  
CITY-ST-ZIP MT DORA FL 32757  Delete

TITLE  
NAME  
STREET ADDRESS 442 N. Donnelly St  Change  Addition  
CITY-ST-ZIP

TITLE VDVS  
NAME SIMON, MICHAEL P  
STREET ADDRESS 225 N TRMAIN  
CITY-ST-ZIP MT DORA FL 32757  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE T  
NAME SIMON, MICHAEL P  
STREET ADDRESS 225 N TRMAIN  
CITY-ST-ZIP MT DORA FL 32757  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

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: *Patricia L. Simon* Patricia L. Simon 8-17-01 (352) 735-9006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)