

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91165 005 \*\*\*150.00

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**DOCUMENT # F76939**

1. Entity Name  
**PATRICK & ASSOCIATES, P.A.**



Principal Place of Business <b>4040 WOODCOCK DR 230 JACKSONVILLE FL 32207 US</b>	Mailing Address <b>4040 WOODCOCK DR 230 JACKSONVILLE FL 32207 US</b>
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2. Principal Place of Business <b>4029 ATLANTIC BLVD.</b> Suite, Apt. #, etc.	3. Mailing Address <b>4029 ATLANTIC BLVD.</b> Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State <b>JACKSONVILLE FL</b>	City & State <b>JACKSONVILLE, FL</b>	4. FEI Number <b>59-2176850</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32207</b>	Country <b>USA</b>	Zip <b>32207</b>	Country <b>USA</b>

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

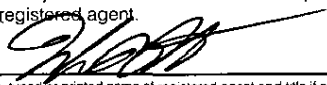
6. Name and Address of Current Registered Agent

**PATRICK, MARK R  
4040 WOODCOCK DR.  
SUITE 230  
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4029 ATLANTIC BLVD**  
City **JACKSONVILLE** FL Zip Code **32207**

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  **MARK R PATRICK** DATE **4/30/03**

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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PATRICK, MARK R 4040 WOODCOCK DR., SUITE 230 JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PSD PATRICK, MARK 4040 WOODCOCK DR, SUITE 230 JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4029 ATLANTIC BLVD JACKSONVILLE FL 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4029 ATLANTIC BLVD JACKSONVILLE, FL 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MARK R PATRICK** DATE **4/30/03** DAYTIME PHONE # **904-396-5900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)