

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90078 022 \*\*\*150.00

DOCUMENT # **L98318**

1. Entity Name  
**PATRIOT REALTY, INC.**

Principal Place of Business <b>917 N. 12TH AVE.</b> A <b>PENSACOLA FL 32501</b> US	Mailing Address <b>917 N. 12TH AVE.</b> A <b>PENSACOLA FL 32501</b> US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>101 W. MAIN ST</b> Suite, Apt. #, etc. <b>121</b>	3. Mailing Address <b>101 W. MAIN ST.</b> Suite, Apt. #, etc. <b>121</b>
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City & State <b>LAKELAND, FL</b>	City & State <b>LAKELAND FL</b>	4. FEI Number <b>59-3024380</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33815</b>	Country <b>US</b>	Zip <b>33815</b>	Country <b>US</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**HALL, JERRY**  
~~5740 NORTHROP ROAD~~ **101 W. MAIN ST. #121**  
~~MILTON FL 32570~~ **LAKELAND FL 33815**

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.  
 SIGNATURE *Jerry W. Hall* (NOTE: Registered Agent signature required when reinstating) DATE 1/21/02

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>HALL, JERRY</b> <b>5740 NORTHROP RD.</b> <b>MILTON FL 32570</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>KONSAVAGE, MARK J</b> <b>220 HILDRITEN WAY</b> <b>LAKELAND FL 33803</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 

12. 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>PRES.</b> <b>JERRY W. HALL</b> <b>4434 SUGARTREE DR. W.</b> <b>LAKELAND, FL 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b> <b>KONSAVAGE, MARK J.</b> <b>1100 ONKORIDGE PKWY #23</b> <b>LAKELAND - FL 33803</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 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jerry W. Hall* DATE 1/21/02 DAYTIME PHONE # 863-686-2500

CR2E034 (9/01)