

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P 01000079299

1. Entity Name

Patterson Accounting Services, Inc.

FILED

02 MAY -3 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2104 N.W. 22ND Ave

Suite, Apt. #, etc.

9-109

City & State

Stuart, FL

Zip

34994

Country

USA

3. Mailing Address

2104 N.W. 22ND Avenue

Suite, Apt. #, etc.

9-109

City & State

Stuart, FL

Zip

34994

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number:

65-1133910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Margaret A. Patterson

Street Address (P.O. Box Number is Not Acceptable)

2104 N.W. 22ND Avenue - 9-109

City

Stuart

FL

Zip Code

34994

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
President
Margaret A. Patterson
2104 N.W. 22ND Ave 9-109
Stuart, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V S T D
John A. Patterson
2104 N.W. 22ND Ave 9-109
Stuart, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like powers.

SIGNATURE:

Margaret A. Patterson

04/23/02

Date

Daytime Phone #

BR2E034B (12/01)