

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106790

1. Entity Name

PATTON WORK GLOVE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90396 044 ***150.00

Principal Place of Business 5080 FREMONT STREET JACKSONVILLE FL 32210	Mailing Address POST OFFICE BOX 7100 JACKSONVILLE FL 32238-0100
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

YEAGER, ARTHUR G
112 WEST ADAMS STREET
SUITE 1305
JACKSONVILLE FL 32202-3853

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 _____ 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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	PATTON, GENE SR.	
STREET ADDRESS	5080 FREMONT STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PATTON, GENE JR.	
STREET ADDRESS	5080 FREMONT STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PATTON, RYAN	
STREET ADDRESS	5080 FREMONT STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PATTON, GINA	
STREET ADDRESS	5080 FREMONT STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 an office, or a telephone number.

SIGNATURE: *Gene Patton Sr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00 904-388-1182
 Date Daytime Phone #

CR2E034 (9/99)