


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90284 001 \*\*\*300.00

**DOCUMENT #** P99000104240

**1. Entity Name**  
PATKOR, INC.



**Principal Place of Business**  
476 SUGAR RIDGE CT.  
LONGWOOD FL 32779

**Mailing Address**  
476 SUGAR RIDGE CT.  
**SUITE 300** OUT  
LONGWOOD FL 32779

**2. Principal Place of Business**

**3. Mailing Address**  
476 SUGAR RIDGE CT.

Suite, Apt. #, etc.

**City & State**  
LONGWOOD, FL.

**Zip** 32779 **Country**

**4. FEI Number** 65-1008598 **Applied For**  
Not Applicable

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**  
BRUS, GIOVANNI A  
476 SUGAR RIDGE CT.  
LONGWOOD FL 32779

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUS, GIOVANNI 476 SUGAR RIDGE CT. LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEARN, W. LEE 476 SUGAR RIDGE CT. LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUBINSTEIN, MIKE 476 SUGAR RIDGE CT. LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNAPP, PAUL 8144 NW 1ST STREET CORAL SPRINGS FL 33071	<input checked="" 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"/> 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHELL G. RUBINSTEIN 476 SUGAR RIDGE CT. LONGWOOD, FL 32779 TREAS/SEC/DIR	<input type="checkbox"/> Change <input checked="" 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:** SIGNATURE REQUIRED Sec. **1-27-03** **407-682-4742**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)