2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🕏

E AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Feb 07, 2001 8:00 am **DOCUMENT # 213946 Secretary of State** Entity Name PATRONIS BROTHERS INC 02-07-2001 90176 010 ***150.00 Principal Place of Business Mailing Address 5551 NORTH LAGOON DRIVE 5551 NORTH LAGOON DRIVE PANAMA CITY FL 32408-7911 PANAMA CITY FL 32408-7911 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-6033894 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATRONIS, JOHNNY Street Address (P.O. Box Number is Not Acceptable) 5551 N. LAGOON DR. PANAMA CITY FL 32407 Cíty 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PATRONIS, JOHNNY NAME NAME STREET ADDRESS 5551 NORTH LAGOON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL TITLE ☐ Delete ☐ Change ☐ Addition TITLE PATRONIS, JIMMY T. SR. NAME NAME STREET ADDRESS STREET ADDRESS 5551 NORTH LAGOON DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Addition ☐ Change TITLE ☐ Delete TITLE NAME PATRONIS, JIMMY T. JR NAME STREET ADDRESS STREET ADDRESS 5551 N LAGOON DR CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 ☐ Delete ☐ Addition TITLE TITLE ☐ Change PATRONIS, YONNIE J. NAME NAME STREET ADDRESS STREET ADDRESS 5551 N. LAGOON DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Addition VD ☐ Change TITLE ☐ Defete TITLE PATRONIS, NICHOLAS J. NAME NAME STREET ADDRESS STREET ADDRESS 5551 N. LAGOON DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL **VD** TITLE TITLE ☐ Change Addition ☐ Delete NAME PATRONIS, THEO J NAME STREET ADDRESS 5551 N LAGOON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32408 13. Thereby certify that the information supplied with this filling 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 supplied that I am an officer or director of the corporation or the receiver of those 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 appreciate the empowered.

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