FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2002 8:00 am DOCUMENT # 213946 **Secretary of State** 1. Entity Name 02-28-2002 90013 027 \*\*\*150.00 PATRONIS BROTHERS INC 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 4. FEI Number Applied For 59-6033894 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name-PATRONIS, JOHNNY Street Address (P.O. Box Number is Not Acceptable) 5551 N. LAGOON DR. PANAMA CITY FL 32407 City Zin 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** 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 FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME PATRONIS, JOHNNY NAME STREET ADDRESS 5551 NORTH LAGOON DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PATRONIS, JIMMY T. SR. NAME STREET ADDRESS 5551 NORTH LAGOON DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME PATRONIS, JIMMY T. JR STREET ADDRESS 5551 N LAGOON DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 00000 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME PATRONIS, YONNIE J. NAME STREET ADDRESS STREET ADDRESS 5551 N. LAGOON DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL TITLE Delete ۷D TITLE ☐ Change ☐ Addition PATRONIS, NICHOLAS J. NAME STREET ADDRESS 5551 N. LAGOON DRIVE STREET ADDRESS CITY-ST-ZIP CJTY-ST-7IP PANAMA CITY FL VD. ☐ Delete TITLE ☐ Change ☐ Addition PATRONIS, THEO J NAME STREET ADDRESS 5551 N LAGOON DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32408 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

SIGNATURE:

changed, or on an attachment with an address.