

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90138 009 \*\*\*158.75

**DOCUMENT # 598170**

1. Entity Name  
**PATCHINGTON, INC.**



Principal Place of Business  
**10601 BELCHER ROAD SOUTH  
LARGO FL 33777  
US**

Mailing Address  
**10601 BELCHER ROAD SOUTH  
LARGO FL 33777  
US**

00142144



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1872429**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STROHAUER, GARY N.  
1150 CLEVELAND ST  
CLEARWATER, FL 34615**

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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **P** ☐ Delete  
STREET ADDRESS **WATERS, BURT**  
CITY-ST-ZIP **P.O. BOX 7110  
SEMINOLE FL 33775**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **VP** ☐ Delete  
STREET ADDRESS **DENSMORE, BETH**  
CITY-ST-ZIP **2465 NORTHSIDE DRIVE #1906  
CLEARWATER FL**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **S** ☒ Delete  
STREET ADDRESS **CASEY, PAULA R.**  
CITY-ST-ZIP **1320 SUNSET DRIVE  
CLEARWATER FL**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **CFO** ☐ Delete  
STREET ADDRESS **ANTHONY, JIM**  
CITY-ST-ZIP **2517 SKIPPER TRAIL  
CLEARWATER FL 33761**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **S** ☐ Delete  
STREET ADDRESS **MAUREEN JACK**  
CITY-ST-ZIP **8606 WHITE SPRINGS DR.  
NEW PORT RICHEY, FL 34655**

TITLE  
NAME **S** ☐ Change ☒ Addition  
STREET ADDRESS **MAUREEN JACK**  
CITY-ST-ZIP **8606 WHITE SPRINGS DR.  
NEW PORT RICHEY, FL 34655**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*MAUREEN JACK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03  
Date

727-544-6800  
Daytime Phone

CR2E034 (10/02)