2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855286

1. Entity Name
PATACO TRUCKING, INC.

Principal Place of Business
2130 CORPORATION BLVD
NAPLES FL 34109
US

2. Principal Place of Business
STY Westport Lane
Suite, Apt. #, etc.

City & State
No Oles Cu

FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90638 017 ***150.00



2. Principal P	pal Place of Business 41 Westport Lane 3. Mailing Address						T TO BEAUTY POTENT BATTER BATTER STROME FRONTO BATTER BADTER BATTER BATT				
Suite, Apt.							CHECK HERE IF MAKING CHANGES				
City & State City & State						4. FE	4. FEI Number 61-0988901 Applied For Not Applicable				
3411L	Country USA		Zip		Country		ertificate of Status Desired		\$8.75 Add Fee Require		
يىن - سېيىنسىيى	6. Name and Address of Cu	rrent Registered	Agent			7. Na	me and Address of New Re	gistere	d Agent		
AL 101/ 11191/					Name						
SLACK, MARK					Street Address (P.O. Box Number is Not Acceptable)						
801 ANCHOR RODE DRIVE											
NAPLES I	FL 34103										
ė.				Ci	ty			F	L Zip Code	<u>.</u> е	
	named entity submits this statem ions of registered agent.	ent for the purpose	e of changing its r	egistered of	fice or registe	ered ager	t, or both, in the State of Flori	da. I ar	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered		-I- MOTE	D1-4						<u> </u>	
	Signature, typed or printed name or registered	agent and title if applical	DIE. (NOTE:	Hegistered Agei	nt signature requin	ed when reins	itating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 c Payable to Florida Departme	0.00					Election Campaign Final Trust Fund Contribution.	•	\$5.0 □ Added	0 May Be I to Fees	
10.		AND DIRECTORS		11.		ADD	TIONS/CHANGES TO OFFIC	ERS A	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS	PD JONES, PATRICK F 5741 WESTPORT LANE		☐ Delete	TITLE NAME STREET ADI	DRESS				☐ Change	Addition	
CITY-ST-ZIP	NAPLES FL 34116			CITY-ST-Z	IP						
TITLE	V		☐ Delete	TITLE					Change	☐ Addition	
NAME	JONES, CHRISTINE			NAME							
STREET ADDRESS	440 BATTERSEA CT			STREET ADI							
CITY-ST-ZIP	MARCO FL 34145			CITY-ST-Z	P						
<u> </u>	SD CHRISTINE		☐ Delete ~	- TITLE-	_			-	☐ Change	Addition	
NAME	JONES, CHRISTINE 440 BATTERSEA CT			NAME			*******		المستد يسيد المستد		
STREET ADDRESS CITY-ST-ZIP	MARCO FL 34145		<u> </u>	STREET ADI	1						
TITLE	T	-, -,	No.	1	<u> </u>				Change	☐ Addition	
NAME	JONES, M. L		Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS	5741 WESTPORT LANE			STREET ADI	ORESS						
CITY-ST-ZIP	NAPLES FL 34116			CITY-ST-Z							
TITLE			Delete	TITLE					☐ Change	☐ Addition	
NAME			LLJ DOIGIO	NAME	İ				onengo		
STREET ADDRESS				STREET ADD	DRESS						
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TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME						į	
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CITY-ST-ZIP				CITY-ST-Z	P						
466	and the same of the same of										

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 AND TYPED OR DENTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/03

Daytime Phone #