

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000362**

1. Entity Name
PATCH ENTERPRISES, LTD.



FILED

03 APR -8 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**11 A. MAX BREWER PKWY., STE. B
TITUSVILLE FL 32796**

Mailing Address
**P.O. BOX 2688
TITUSVILLE FL 32781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3179382**

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

**INOCHOVSKY, ROMAN
11 A. MAX BREWER PKWY., STE. B
TITUSVILLE FL 32796**

Name
Timothy Mahoney

Street Address (P.O. Box Number is Not Acceptable)
11 A. Max Brewer Pkwy., STE B

City
Titusville FL 32796

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

Timothy Mahoney

4-02-03

DATE

9. Capital Contributions
as Shown on record. **\$3,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **J53856**
NAME **G.E.P., INC.**
STREET ADDRESS **11 A. MAX BREWER PKWY., STE. B**
CITY-ST-ZIP **TITUSVILLE FL 32796**

STREET ADDRESS

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

Timothy Mahoney 4-2-03 321-383-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0008085 AT

CR2E003 (10/02)