

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 FEB 12 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **A94000000030**

1. Entity Name

PATCH DEVELOPMENT, LTD.

Principal Place of Business

**5211 S. WASHINGTON AVENUE
TITUSVILLE FL 32780**

Mailing Address

**5211 S. WASHINGTON AVENUE
TITUSVILLE FL 32780**

2. Principal Place of Business

11 A. Max Brewer Pkwy

3. Mailing Address

P O Box 2688

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

Titusville, Florida

City & State

Titusville, Florida

Zip

32796

Country

USA

Zip

32781

Country

USA

4. FEI Number

59-3213129

Applied For

Not Applicable

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

**5211 S. WASHINGTON AVENUE
TITUSVILLE FL 32780**

Name

Street Address (P.O. Box Number is Not Acceptable)

11 A. Max Brewer Parkway, Suite B

City

Titusville

FL

Zip Code
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.

SIGNATURE

Roman Inochovsky

2-8-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$200.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 **5211 S. WASHINGTON AVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

STREET ADDRESS **11 A. Max Brewer Parkway, Suite B**
CITY-ST-ZIP **Titusville, Florida 32796**

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TB

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Roman Inochovsky

2-8-01 321-383-2115

Date

Daytime Phone #

0001449 AF

CR2E003 (11/00)