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FILED
Sep 12, 2001 8:00 am
Secretary of State

08-22-2001 90001 045 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001967

1. Entity Name

COTTON PATCH, INC.

Principal Place of Business

442 N DONNELLY STREET
 MT DORA FL 32757

Mailing Address

442 N DONNELLY STREET
 MT DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1704774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMON, MICHAEL P
 442 N DONNELLY STREET
 MT DORA FL 32757

7. Name and Address of New Registered Agent

Name Patricia L. Simon

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

442 N Donnelly St

City MT Dora

FL

Zip Code 32757

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

Patricia L. Simon Patricia L. Simon
 (NOTE: Registered Agent signature required when reinstating)

8/17/01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME CDPS
 STREET ADDRESS SIMON, PATRICIA L
 CITY-ST-ZIP ~~225 N TRIMAIN~~ 442 N. Donnelly St
 MT DORA FL 32757

TITLE ☒ Delete
 NAME VDVS
 STREET ADDRESS SIMON, MICHAEL P
 CITY-ST-ZIP 225 N TRIMAIN
 MT DORA FL 32757

TITLE ☒ Delete
 NAME T
 STREET ADDRESS SIMON, MICHAEL P
 CITY-ST-ZIP 225 N TRIMAIN
 MT DORA FL 32757

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 442 N. Donnelly St
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia L. Simon Patricia L. Simon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-01

Date

(352) 735-9006

Daytime Phone #

CR2E034 (5/01)