

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

FO2000001262
Patrice Contractors Inc.



FILED

03 APR -8 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5750 SADDIE OAK TR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

4. FEI Number

06-0879788

Applied For

Not Applicable

Zip

34241

Country

SARASOTA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATRICE FAUCHER

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

5750 SADDIE OAK TRAIL

City

SARASOTA

FL

Zip Code

34241

**DO NOT WRITE
IN THIS SPACE**

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

Patrice Faucher

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

(NOTE: Registered Agent signature required when reinstating)

April-3-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *PRESIDENT*
NAME *PATRICE FAUCHER*
STREET ADDRESS *5750 SADDIE OAK TRAIL*
CITY-ST-ZIP *SARASOTA FL 34241*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700015475497
*01/08/03--01072--004 **150.00*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrice Faucher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICE FAUCHER
PRESIDENT

April 3-03

Date

941-925-9341

Daytime Phone #

CR2E034B (12/02)