

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90290 027 \*\*\*150.00

**DOCUMENT # F97000002591**

1. Entity Name  
**THE PATRICK WALL GROUP, LTD., INC.**



Principal Place of Business  
**10938 BAL HARBOR DR  
BOCA RATON FL 33498**

Mailing Address  
**10938 BAL HARBOR DR  
BOCA RATON FL 33498**



2. Principal Place of Business

**7700 Congress Avenue**

Suite, Apt. #, etc.

**Suite 3204**

City & State

**Boca Raton FL**

Zip

**33487**

Country

**Palm Beach**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**33487**

Country

**FL**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**38-3082561**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALL, PATRICK M  
10938 BAL HARBOR DR  
BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WALL, PATRICK M</b>	
STREET ADDRESS	<b>10938 BAL HARBOR DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WALL, AMY</b>	
STREET ADDRESS	<b>10938 BAL HARBOR DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03**

Date

**561-470-5606**

Daytime Phone #

CR2E034 (10/02)