

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000006142**

1. Entity Name

NINEPATCH, INC.**FILED**
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90008 009 ****61.25

Principal Place of Business

BOX 1263
AVON PARK FL 33826

Mailing Address

BOX 1263
AVON PARK FL 33826

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

38-3271588

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

OGLE, FRANCES R
~~4343-100 E. SCHUMACHER~~
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name

Frances R. Ogle

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

4801 Granada Blvd.

City

Sebring**FL**

Zip Code

33872

I, 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.

*Moved to a new house.*SIGNATURE *Frances R. Ogle*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jan. 28, 2002***FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OGLE, FRANCES R	
STREET ADDRESS	4343-100 E. SCHUMACHER	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	AD	<input type="checkbox"/> Delete
NAME	KRUZEL, GEORGENE	
STREET ADDRESS	4218 WALNUT HILLS LN. SE	
CITY-ST-ZIP	KENTWOOD MI 49512	
TITLE	AD	<input type="checkbox"/> Delete
NAME	POUCHER, JUNE	
STREET ADDRESS	PO BOX 1027	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITT, KATHRYN	
STREET ADDRESS	1731 MANITOU LN.	
CITY-ST-ZIP	MIDDLEVILLE MI 49333	
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 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4801 GRANADA BLVD.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2716 DALERIDGE PL.	
CITY-ST-ZIP	SPRING VALLEY, CA. 91977	
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		
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 617, 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: *Frances R. Ogle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 28, 2002

CR2E037 (9/01)