

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005414

1. Entity Name

PATCO MANAGEMENT, INC.

Principal Place of Business  
8943 HERITAGE BAY CIRCLE  
ORLANDO FL 32836

Mailing Address  
8943 HERITAGE BAY CIRCLE  
ORLANDO FL 32836

2. Principal Place of Business

1310 S Harbor City Blvd

3. Mailing Address

1310 South Harbor City Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip 32901 Country U.S.A

Zip 32901 Country U.S.A

4. FEI Number

88-0433839

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

PATTERSON, LAWRENCE R  
3010 SOUTH THIRD STREET  
JACKSONVILLE FL 32250

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 PCD  Delete  
NAME PATEL, PRAKASH  
STREET ADDRESS 8943 HERITAGE BAY CIRCLE  
CITY-ST-ZIP ORLANDO FL 32836

TITLE ST  Delete  
NAME PATEL, PRAKASH  
STREET ADDRESS 8943 HERITAGE BAY CIRCLE  
CITY-ST-ZIP ORLANDO FL 32836

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

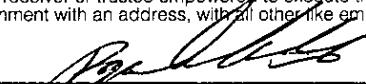
TITLE PCD  Change  Addition  
NAME PATEL, DINU  
STREET ADDRESS 1310 South Harbor City Blvd  
CITY-ST-ZIP Melbourne 32901 FL

TITLE ST  Change  Addition  
NAME PATEL, DINU  
STREET ADDRESS 1310 South Harbor City Blvd  
CITY-ST-ZIP Melbourne 32901 FL

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01

407-402-9359

Date

Daytime Phone #

CR2E034 (10/00)