

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
Suite, Apt. #, etc.

3. Mailing Address

1310 South Harbor City Blvd
Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32901

Country

U.S.A

Zip

32901

Country

U.S.A

6. Name and Address of Current Registered Agent

PATTERSON, LAWRENCE R
3010 SOUTH THIRD STREET
JACKSONVILLE FL 32250

4. FEI Number

88-0433839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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	<input checked="" type="checkbox"/> Delete
NAME	PATEL, PRAKASH	
STREET ADDRESS	8943 HERITAGE BAY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PATEL, PRAKASH	
STREET ADDRESS	8943 HERITAGE BAY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL DINU	
STREET ADDRESS	1310 South Harbor City Blvd	
CITY-ST-ZIP	Melbourne 32901 FL	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL DINU	
STREET ADDRESS	1310 South Harbor City Blvd	
CITY-ST-ZIP	Melbourne 32901 FL	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4/21/01

407-402-9359



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)