

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G66811

1. Entity Name

PATRICK POWER CORP.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90179 011 ***150.00

Principal Place of Business

Mailing Address

5691 N.E. 14 AVENUE
FT. LAUDERDALE FL 33334
US

5691 N.E. 14 AVENUE
FT. LAUDERDALE FL 33334-6103
US

B0020490



DO NOT WRITE IN THIS SPACE

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

59-2339160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NILES, CHRISTOPHER D
2601 E. OAKLAND PARK BLVD.
SUITE 400
FORT LAUDERDALE FL 33306

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	DRISCOLL, JAMES	
STREET ADDRESS	5691 N.E. 14 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	DRISCOLL, MARTIN K	
STREET ADDRESS	5691 N.E. 14 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	OV	<input type="checkbox"/> Delete
NAME	DRISCOLL, MICHAEL J	
STREET ADDRESS	5691 N.E. 14 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRISCOLL, JOAN C	
STREET ADDRESS	5691 N.E. 14 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRBY, JOAN DRISCOLL	
STREET ADDRESS	2455 E. SUNRISE BLVD, #400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSENTHAL, AARON	
STREET ADDRESS	5691 N.E. 14 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	

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

Robert T. Priordresner, Treasurer

2/8/00

954-491-7745

Date

Daytime Phone #

CR2E034 (9/99)