

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90127 009 ***150.00

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DOCUMENT # G87027

1. Entity Name
PATRICK'S PARTS, INC.



Principal Place of Business
BOX 16-3909
MIAMI FL 33116

Mailing Address
BOX 16-3909
MIAMI FL 33116

2. Principal Place of Business
4100 N. POWERLINE ROAD

3. Mailing Address
PO BOX 212379

Suite, Apt., etc.
SUITE # O-1

Suite, Apt., etc.

City & State
POMPANO BEACH, FL

City & State
ROYAL PALM BEACH, FL

4. FEI Number **59-2350769**

Applied For
Not Applicable

Zip
33073

Country
USA

Zip
33421

Country
USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEGROSS, NICOLE
12000 SW 132 COURT
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name
NICOLE ENFINGER
Street Address (P.O. Box Number is Not Acceptable)
4100 N. POWERLINE ROAD,
SUITE O-1
City
POMPANO BEACH **FL** Zip Code
33073

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 *Nicole Engfinger* **PRESIDENT, NICOLE ENFINGER** **4/11/03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DEGROSS, PATRICK L.**
STREET ADDRESS **12000 SW 132 COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☒ Change ☐ Addition
NAME **DEGROSS, PATRICK L.**
STREET ADDRESS **4100 N. POWERLINE RD, SUITE O-1**
CITY-ST-ZIP **POMPANO BEACH, FL 33073**

TITLE **PSTD** ☐ Delete
NAME **DEGROSS, NICOLE C**
STREET ADDRESS **12000 SW 132 COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **ENFINGER, NICOLE C**
STREET ADDRESS **4100 N. POWERLINE RD, SUITE O-1**
CITY-ST-ZIP **POMPANO BEACH, FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

Nicole Engfinger **NICOLE ENFINGER, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03
Date

954-972-7737
Daytime Phone #

CR2E034 (10/02)