

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90085 047 ***150.00

DOCUMENT # J21611

1. Entity Name

NEAL C. PATTERSON, JR., P.A.

Principal Place of Business

% NEAL C. PATTERSON JR.
 1201 CAPE CORAL PARKWAY
 CAPE CORAL FL 33904

Mailing Address

% NEAL C. PATTERSON JR.
 1201 CAPE CORAL PARKWAY
 CAPE CORAL FL 33904-3004

2. Principal Place of Business

1420 SE 47 Street

3. Mailing Address

1420 SE 47 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral, FL

Zip

33904

Country

Zip

33904

Country

4. FEI Number

59-2686165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, NEAL C. JR.
 1201 CAPE CORAL PARKWAY
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

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

1420 SE 47 Street

City

Cape Coral

FL

Zip Code

33904

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]

3-21-00

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

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

TITLE DP
 NAME PATTERSON, NEAL C. JR.
 STREET ADDRESS 2535 SE 21ST PLACE
 CITY-ST-ZIP CAPE CORAL FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 (941) 549-5551
 Date Daytime Phone #

CR2E034 (9/99)