2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

K07125 **DOCUMENT #**

1. Entity Name

PATRICK FAMILY ENTERPRISES OF MANATEE, INC.



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90054 011 ***158.75

				Ì	COO WE THE		
Principal Place of Business 4440 FAIRWAYS BLVD #310 BRADENTON FL 34209			Mailing Address 4440 FAIRWAYS BLVD #310 BRADENTON FL 34209				
2. Principal Place of Business			3. Mailing Address			T 18810KK EST BOTTS 1880E STOLE KRUET BIRK BIRKT BIRTT	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State			City & State			4. FEI Number 65-0019443 Applied For Not Applied by Applied For Not Applicate	
Zip	-	Country	Zip	Count	ry	5. Certificate of Status Desired S \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
					Name		
PATRICK, 4440 FAIR #310	RWAYS BL\	D .			Street Address (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34209					City	FL Zip Code	
the obligati	named entitions of regist	y submits this statemen ered agent.	t for the purpose of changing it	ts registere	d office or regis	istered agent, or both, in the State of Florida. I am familiar with, and accep	
SIGNATURE -	Signature, typed	or printed name of registered ag	ent and title if applicable. (NO	TE: Registered	d Agent signature requ	quired when reinstating) DATE	
After	May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Departmen				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	P PATRICK	DAVID W., SR.		TITLE		Change Addit	
STREET ADDRESS CITY-ST-ZIP	4440 FAI	RWAYS BLVD., #310 TON FL 34209			ET ADDRESS - ST-ZIP		
TITLE	VP	IPAN A	☐ Delete	TITLE	1	Change Addit	

PATRICK, JEAN G STREET ADDRESS 4440 FAIRWAYS BLVD., #310 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE: