**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am § Secretary of State DOCUMENT # K27743 Entity Name 04-22-2002 90306 021 \*\*\*150.00 PATTERSON VENTURES, INC. Mailing Address Principal Place of Business C/O 1858 RINGLING BLVD % JAMES A. PATTERSON 2612 TANGLEWOOD DRIVE SARASOTA FL 34236 US SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0060308 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATTERSON, JAMES A. Street Address (P.O. Box Number is Not Acceptable) 2612 TANGLEWOOD DRIVE SARASOTA FL 34239 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Addition Delete TITLE NAME NAME PATTERSON, JAMES A. STREET ADDRESS STREET ADDRESS 2612 TANGLEWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIE SARASOTA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change - ☐ Addition TIŤI F Delete NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7/P