2000 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2000 8:00 am **DOCUMENT # K66022** Secretary of State PAT PATTON, INC. 02-07-2000 90056 039 ***150.00 Principal Place of Business Mailing Address 2813 OLAVET COURT 2813 OLAVET COURT VALRICO FL 33594-7330 VALRICO FL 33594 DODTAGA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2939662 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELDRIDGE, GEORGE T Street Address (P.O. Box Number is Not Acceptable) 11509 E DR M.L. KING JR BLVD P O BOX 1187 MANGO FL 33550 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE □ Delete TITLE PATTON, LUTHER PAT NAME NAME STREET ADDRESS 2813 OLAVET CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Addition Change TITLE ☐ Delete ELDRIDGE, GEORGE T. NAME NAME 11509 E. DR. M.L. KING BLVD, P.O. BOX 1187 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MANGO FL ☐ Addition ☐ Delete TITLE Change TITLE NAME PATTON, LUTHER PAT NAME STREET ADDRESS 2813 OLAVET CT. STREET ADDRESS CITY-ST-ZIE VALRICO FL 33594 CITY-ST-ZIP · 🗀 Delete 💆 🐍 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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

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Daytime Phone #