

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90095 040 ****55.00

80042407



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000018659

1. Entity Name
THE PERFECT PASTRY, LLC

Principal Place of Business

**4622 OSSABAW WAY
 NAPLES FL 34119**

Mailing Address

**4622 OSSABAW WAY
 NAPLES FL 34119**

2. Principal Place of Business

**6175 TOWNCENTER SQ
 SUITE, APT. #, ETC.
 NAPLES FL**

3. Mailing Address

Suite, APT. #, ETC.

City & State

Zip

Country
COLLIER

Country

4. FEI Number

26-00-16303

Applied For

Not Applicable

5. Certificate of Status Desired

4

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PATTERSON, EUGENE E III
 4622 OSSABAW WAY
 NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name

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

City

FL

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 *Eugene E. Patterson, III*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER EUGENE E. PATTERSON, III	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER EUGENE E. PATTERSON, MD 4076 TRINIDAD WAY NAPLES FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EUGENE E. PATTERSON, II 4076 TRINIDAD WAY NAPLES FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALERIE PATTERSON 4622 OSSABAW WAY NAPLES FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Eugene E. Patterson, III* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/30/2002 941-248-5271

CR2E083 (9/01)