## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # L42272** 1. Entity Name PATTON & CO. OF PENSACOLA, INC. 04-18-2001 90029 022 \*\*\*150.00 Principal Place of Business Mailing Address % JOHN R. PATTON % JOHN R. PATTON 7403 LILLIE LANE 7403 LILLIE LANE PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address 7223 Floyd Drive 7223 Floyd Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE v & State Applied For 4. FEI Number 59-2990666 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent Name atton. PATTON, JOHN R. 7403 LILLIE LANE PENSACOLA FL 32526 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. DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Delete TITLE PATTON, JOHN R. NAME 7223 Floya Drive Pensa oda, FL 7403 LILLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32526 CITY-ST-ZIP ☐ Addition Change | TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or trustee empowered to

an address, with

changed, or on an attachment @

**SIGNATURE** 

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if ar like emprovered.

Daytime Phone #