FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am Secretary of State DOCUMENT # L46641 1. Entity Name 01-14-2002 90068 021 ***150.00 PATTY'S DESIGNER 10, INC. Principal Place of Business Mailing Address 1926 N WICKMAN RD 1926 N WICKMAN RD 0 0 4 0 0 0 MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2985670 Not Applicable Zip. _Country -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 ALLEN, WAYNE L. Street Address (P.O. Box Number is Not Acceptable) 410 N WICKMAN RD **MELBOURNE FL 32935** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition NAME NESTOR, PATTY J. NAME STREET ADDRESS 3331 KENT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL TITLE ☐ Delete TITLE Change Addition NAME NESTOR, RAYMOND J. NAME STREET ADDRESS 3331 KENT DRIVE STREET ADDRESS CITY-ST-7IP MELBOURNE-FL CITY-ST-ZIP TITLE М ☐ Delete TITLE ☐ Change ☐ Addition NAME BARILE, LORI R. NAME STREET ADDRESS 760 EBONY ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MELBOURNE FL 32934** TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition 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 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 ar Nestor SJANO2 SIGNATURE: