

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
 04-25-2000 90089 002 ***150.00

DOCUMENT # L49498

1. Entity Name

PAT'S HO MADE BAR-B-Q SAUCE, INC.

LAKE-KNIGHT, INC

Principal Place of Business

LAKE-KNIGHT INC

PAT'S HO MADE BAR-B-Q SAUCE INC

2004 A WOOD CT

PLANT CITY FL 33567

Mailing Address

C/O JOHN W PATTERSON

P.O. BOX 3050

PLANT CITY FL 33564-3050

US

2. Principal Place of Business

1111 LADY ELAINE DR

3. Mailing Address

1111 LADY ELAINE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO FL

City & State

VALRICO FL

Zip

33594

Country

US

Zip

33594

Country

US

4. FEI Number

59-3393967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTERSON, JOHN W.

2004 A WOOD CT

PLANT CITY FL 33567

Name

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

1111 LADY ELAINE DR

City

VALRICO

FL

Zip Code

33594

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

John W. Patterson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **PATTERSON, JOHN W**
 STREET ADDRESS **1111 LADY ELAINE DR.**
 CITY-ST-ZIP **VAL RICO FL**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33594**

TITLE **VPD** ☐ Delete
 NAME **PATTERSON, BRENDA D**
 STREET ADDRESS **1111 LADY ELAINE DR.**
 CITY-ST-ZIP **VAL RICO FL**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33594**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. Patterson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

813 654 2033

Daytime Phone #

CR2E034 (9/99)