9/9/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 23, 2002 8:00 am Secretary of State

1. Entity Nar		0009065				02 90022 006		
Principal Place 350 ANTHON' PORT GRANG		Mailing Address 350 ANTHONY DRIVE PORT ORANGE FL 32127 US	,					
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State		.4.	FEI Number APPLIED FOR	.3	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		dditional	1	
-		7.	Name and Address of New Reg			┪		
	.Name		يستها والأرادة العالضي والسياس			7		
PATTERSON, LAWRENCE 350 ANTHONY DRIVE			Street A	Street Address (P.O. Box Number is Not Acceptable)				
PORT ORANGE FL 32127			:	~_·				-
			City		<u> </u>	Zip Co	de	-
8. The above	named entity submits this statement for the	ne purpose of changing its re	egistered office or	registered ac	gent, or both, in the State of Florid	1	n, and accept	4
l to conga	assis of registered agent.				4			
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: I	Registered Agent signets	re required when r	reinstating)	DATÉ		
O This save		Υ			<u> </u>			-}
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After September 13, 2					10. Election Campaign Finance	cing \$5. 1	00 May Be od to Fees	
(See criteria on back)					Trust Fund Contribution.	☐ Ádde	d to Fees	ļ
11.	12.	ΑÜ	DITIONS/CHANGES TO OFFICE	AS AND DIRECTOR	3S IN 11	1		
TITLE	P	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	ଅ
NAME	PATTERSON, LAWRENCE		NAME					4
STREET ADDRESS CITY-ST-ZIP	350 ANTHONY DRIVE PORT ORANGE FL		STREET ADDRESS City-St-Zip					CR2E034 (4/02)
TITLE		☐ Delete	TITLE			Change	☐ Addition	┦፳
NAME			NAME			C) change		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZYP		***	CITY-ST-ZIP		<u>. </u>]
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	***************************************	☐ Delete	TITLE			☐ Change	Addition	1
NAME		- DOME	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					1

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 ooth; 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.

IIILE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CTTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER

☐ Delete

☐ Delete

Patterson

9-4-200

386-741-4586

☐ Change

☐ Change

Addition

Addition

Daytime Pho

POUDO DO OGAS Sept, 4,2002

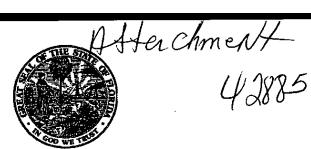
To whom it may concern,

42885

In reading the back of the form, I realized that this was the second notice, I never recieved the prior notice. I would never opt for \$550.00, over \$150.00. I am sending the \$150.00, required for the first filing. If this is not acceptable please let me know, so that I can send the remaining amount due. I am sorry for any inconvenience this may have caused your office.

Sincerely,

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FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

September 12, 2002

L.C. PATTERSON, INC. 350 ANTHONY DRIVE PORT ORANGE, FL 32127 US

Subject: L.C. PATTERSON, INC.

Reference Number:

P00000009065.

/sm

ANNUAL REPORTS SECTION