

9/9/

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-09-2002 90022 006 ***150.00

DOCUMENT # P00000009065

1. Entity Name

L.C. PATTERSON, INC.

Principal Place of Business

350 ANTHONY DRIVE
 PORT ORANGE FL 32127
 US

Mailing Address

350 ANTHONY DRIVE
 PORT ORANGE FL 32127
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR
59-3628563

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, LAWRENCE
 350 ANTHONY DRIVE
 PORT ORANGE FL 32127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	PATTERSON, LAWRENCE	350 ANTHONY DRIVE	PORT ORANGE FL						

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:

Signature of Lawrence Patterson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-4-2002 386-741-4586

Daytime Phone #

CR2E034 (4/02)

Attachment

42885

To whom it may concern,

PD000000905 Sept, 4, 2002

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,

Lawrence Fatt
LC Fatt Inc.



Attachment

42885

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