

01/02 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009323

1. Entity Name

PAT'S FLOOR SERVICE INC

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
02 JAN 30 PM 4:14

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1738 N. 16th Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

4. FEI Number

65-0973088

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

R. Kevin Cross EA

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

801 S. Federal Highway

City

Hollywood

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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

Signature (Typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

R. Kevin Cross, EA

1/28/02

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Patrick E. McPartland
1738 N 16th Ct
Hollywood FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-02/06/02--01049--023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Patrick J. McPartland
1738 N. 16th Ct
Hollywood FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

****150.00 ****150.00

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-02/06/02--01049--024

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TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02 454-929-7967

CR2E034B (12/01)