

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90056 024 ***150.00

DOCUMENT # P00000016031

1. Entity Name
PATIO PALACE INC.

Principal Place of Business
**1914 S. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429**

Mailing Address
**1914 S. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429**

2. Principal Place of Business
1914 S. Suncoast Blvd
Suite, Apt. #, etc.

3. Mailing Address
1914 S. Suncoast Blvd
Suite, Apt. #, etc.

City & State
HOMOSASSA FL

Zip
34448

Country
USA

4. FEI Number
59-3622515

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SCHLUMBERGER, ROBERT
6220 W. CORPORATE OAKS DRIVE
CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent
Name
Kaylynn A. Campbell
Street Address (P.O. Box Number is Not Acceptable)
1914 S. Suncoast Blvd.
City
HOMOSASSA FL Zip Code
34448

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 **Kaylynn A. Campbell** **KAYLYNN A. Campbell** **1-4-01**
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 \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, KAYLYNN A 1914 S. SUNCOAST BLVD. CRYSTAL RIVER FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1914 S. Suncoast Blvd. HOMOSASSA FL. 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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: **Kaylynn A. Campbell** **KAYLYNN A. Campbell** **1-4-01** **3527957665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)