

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91292 036 ***150.00

DOCUMENT # P 000 000 38301

1. Entity Name

PATTI'S Pub, Inc. ✓



DO NOT WRITE IN THIS SPACE

11023676

2. Principal Place of Business

8344 GARDEN Rd

3. Mailing Address

8344 Garden Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Riviera Beach, FL

City & State

Riviera Beach, FL

4. FEI Number

65-0999044

Applied For

Not Applicable

Zip

Country

33404

Palm Beach

Zip

Country

33404

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATTI E. PITTS

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

4602 S.W. Galaxie St.

City

PORT SAINT LUCIE

FL

Zip Code

34953

**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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PATTI E. PITTS
4602 S.W. Galaxie St.
PORT SAINT LUCIE FL 34953

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

PATTI E. PITTS PATTI E. PITTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 561 848-4288

Date

Daytime Phone #

CR2E034B (12/02)