

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089040

1. Entity Name

PATMANN INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90152 002 \*\*\*150.00

Principal Place of Business

Mailing Address

2809 S.W. 81ST TERRACE  
DAVIE FL 33328

2809 S.W. 81ST TERRACE  
DAVIE FL 33328

2. Principal Place of Business

1747 Rodman St.

3. Mailing Address

1747 Rodman St.

Suite, Apt. #, etc.

Suite 403

Suite, Apt. #, etc.

Suite 403

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33020

Country

Broward

Zip

33020

Country

Broward

4. FEI Number

65-1090765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANNIX, PATRICIA L  
2809 S.W. 81ST TERRACE  
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name Patricia L. Mannix

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

1747 Rodman St.

Suite 403

City

Hollywood

FL

Zip Code

33020

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

*Patricia L. Mannix* *Patricia L. Mannix* *Patricia L. Mannix* 4-26-01

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

TITLE DPST  
NAME MANNIX, PATRICIA L  
STREET ADDRESS 2809 S.W. 81ST TERRACE  
CITY-ST-ZIP DAVIE FL 33328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST  
NAME Patricia L. Mannix  
STREET ADDRESS 1747 Rodman St. Suite 403  
CITY-ST-ZIP Hollywood FL 33020 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Patricia L. Mannix*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

954-924-3467

Daytime Phone #

CR2E034 (10/00)

0273583