

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

03-08-2001 90118 008 ***150.00

DOCUMENT # P00000100522

1. Entity Name

PATTO 2000 SPRING HILL, INC.

Principal Place of Business

3484 COMMERCIAL WAY
 SPRING HILL FL 34606

Mailing Address

3484 COMMERCIAL WAY
 SPRING HILL FL 34606



2. Principal Place of Business

AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3676560

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOCHINSKI, MICHAEL J
 3484 COMMERCIAL WAY
 SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name RAY MACK

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

3673 MONTCLAIR DRIVE

City PALM HARBOR FL

Zip Code 34684

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/01

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 PRESIDENT ☒ Delete
 NAME MICHAEL J KOCHINSKY
 STREET ADDRESS 3484 COMMERCIAL WAY
 CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
 NAME RAY MACK
 STREET ADDRESS 3673 MONTCLAIR DRIVE
 CITY-ST-ZIP PALM HARBOR FL 34684

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

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

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/01 352-683-5275

Date

Daytime Phone #

CR2E034 (10/00)