FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90137 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009359

1. Entity Name
PATRICK J. TRACY, INC.

Principal Place of Business	Mailing Address
~~17101 CAPRI DR~~ ~~FT MYERS, FL 33912~~ 3285-3 NEW South Province Ft MYERS FL 33907	~~17101 CAPRI DR~~ ~~FT MYERS, FL 33912~~ 3285-3 NEW South Province Ft MYERS FL 33907
2. Principal Place of Business: 3285-3 NEW South Province	3. Mailing Address
Suite, Apt. #, etc.: Ft MYERS FL	Suite, Apt. #, etc.: 3285-3 NEW South Province
City & State	City & State: Ft MYERS FL
Zip: 33907 Country: USA	Zip: 33907 Country: U.S.A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1068427 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~TRACY, PATRICK J~~ ~~17101 CAPRI DR~~ ~~FT MYERS, FL 33912~~ TRACY, Patrick J 3285-3 NEW South Province Ft MYERS FL 33907	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	~~TRACY, PATRICK J~~ TRACY Patrick J	NAME	
STREET ADDRESS	~~17101 CAPRI DR~~ 3285-3 NEW South Province	STREET ADDRESS	
CITY-ST-ZIP	~~FT MYERS, FL 33912~~ Ft MYERS FL 33907 ☐ Delete	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick J Tracy 4/24/03 239-931-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Patrick J. TRACY President