FILED
Jun 06, 2002 8:00 am
Secretary of State
06-06-2002 90084 008 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000100050

1. Entity Name
Patrick Hodges Landscape Architecture, Inc

DO NOT WRITE IN THIS SPACE

117143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
220 East College Ave
Suite, Apt. #, etc.
City & State
Tallahassee Florida
Zip 32301
Country Leon

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 50-0000519
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Patrick Hodges
Street Address (P.O. Box Number is Not Acceptable)
220 East College Avenue
City Tallahassee FL Zip Code 32301

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/D
NAME	Patrick Hodges
STREET ADDRESS	220 East College Avenue
CITY-ST-ZIP	Tallahassee Fl 32301
TITLE	V/T/S/D
NAME	Mary Margaret Hodges
STREET ADDRESS	220 East College Ave
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered. Mary Margaret Q. Hodges, Vice President

SIGNATURE: Mary Margaret Q. Hodges, Vice President 6-6-02 850980-1072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #