2002 UNIFORM BUSINESS REPORT (UBR)

P01000106326 **DOCUMENT #** 1. Entity Name

PAT TOBIN, INC.

Principal Place of Business

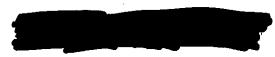
2105 ANDERSON PLACE ORLANDO FL 32803

Mailing Address

2105 ANDERSON PLACE ORLANDO FL 32803

FILED May 21, 2002 8:00 am Secretary of State

04-22-2002 90311 029 ***150.00



2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.	105 Anderson Place 2105 Anderson Place Suite, Apt. #, etc.				
Suite, Apr. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & State	City & State	-, 1	4. FEI Alimber	Applied For	
Okanpo, Floria	CRUMNOO	Florida	4.59-3753525	Not Applicable	
32803 Country A	32.803	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current F	legistered Agent	Mana	7. Name and Address of New Registered Agent		
TOOM DATRICIA I		Name			
TOBIN, PATRICIA J		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
2105 ANDERSON PLACE					
ORLANDO FL 32803					
		City	FL	Zip Code	
8. The above named entity submits this statement for	the purpose of changing its r	registered office or registe	red agent, or both, in the State of Florida.	!	
*	. ,				
SIGNATURE				}	
Signature, typed or printed name of registered agent or	d title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE		
Tax filing requirement and elects to do so. After May 1, 2002		I FEE IS \$150.00 2 Fee will be \$550.00 le to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE PRESTIDENT	☐ Delete	TITLE			
NAME PATRICIA J TOBIN	· 0.	NAME		Change Addition Change Addition	
ETABORESS 2105 Annoerson Pl		STREET ADDRESS		8	
	<u> </u>	CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition (3	
STREET ADDRESS		STREET ADDRESS		\	
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME: = 0.44.2		NAME	<u>ಶಾರ್ವಾಗದಲ್ಲಿ ೧೯೦೦ ಕರ್ನಾಗಿಕೆ ಅ</u>		
STREET ADDRESS		STREET ADDRESS			
City-ST-ZIP		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	·	
TITLE NAME	☐ Delete	TITLE		Change Addition	
STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME		NAME		T Street T (Monitor)	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS		Ì	
CITY-ST-ZIP		CITY-ST-ZIP			

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: