

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91339 019 ***150.00

DOCUMENT # **PD1000111674** ✓

1. Entity Name **Patriot Limited, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1251 Seminole Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Casselberry FL 32707

Zip

32707

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3757055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Phil VonKahle

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

2440 Riverlane Terr

City

Ft. Lauderdale

FL

Zip Code
33312

**DO NOT WRITE
IN THIS SPACE**

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 of registered agent or printed name of registered agent and title if applicable.

Phil VonKahle (Vice Pres)

(NO IL: Registered Agent signature required when not stating)

DATE

4-3-02

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 \$81.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Eric Levine	480 Wexdon Court-	Lake Mary, FL 32746
Vice President	Phil VonKahle	2440 Riverlane Terr.	Ft. Lauderdale FL 33312
Secretary	Harold Rndemann II	13321 SW 28th St.	Dania FL 33330
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phil VonKahle

4-3-02

954-587-4541

Date

Daytime Phone # **954-587-4541**