

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90123 004 ***150.00

DOCUMENT # P01000117903

1. Entity Name
PATTERSON CONSTRUCTION CO. OF TAMPA INC

Principal Place of Business

5016 GUNN HWY
TAMPA FL 33624

Mailing Address

5016 GUNN HWY
TAMPA FL 33624

2. Principal Place of Business

10387 CARROLLWOOD LN.
 Suite, Apt. #, etc.
#306

3. Mailing Address

10387 CARROLLWOOD LN.
 Suite, Apt. #, etc.
#306

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-2944113

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33618

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCUM, STEVE
5016 GUNN HWY
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

DONALD L. PATTERSON

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

10387 CARROLLWOOD LN. #306

City

TAMPA

FL

Zip Code

33618

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

Donald L. Patterson
 Signature, typed or printed name of registered agent and title if applicable.

DONALD L. PATTERSON, V.P.

4-5-02

DATE

9. 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, 2002 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 **D** ☐ Delete
NAME **MARCUM, STEVE**
STREET ADDRESS **5016 GUNN HWY**
CITY-ST-ZIP **TAMPA FL 33624**

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 **V.P.** ☒ Change ☐ Addition
NAME **DONALD L. PATTERSON**
STREET ADDRESS **10387 CARROLLWOOD LN. #306**
CITY-ST-ZIP **TAMPA, FL. 33618**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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: *Donald L. Patterson* **DONALD L. PATTERSON** **4-5-02** **(813)960-0424**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)