

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119786

1. Entity Name
PATTERSON MECHANICAL, INC.

Principal Place of Business
420 S HWY 535
WINTER GARDEN FL 34787

Mailing Address
~~420 S HWY 535~~ PO Box 783123
WINTER GARDEN FL 34787-3478

2. Principal Place of Business

3. Mailing Address
PO Box 783123

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip
34778-3123

Country

4. FEI Number

01-0569475

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THALWITZER, KURT E
MATEER & HABERT, P.A.
225 E ROBINSON ST STE 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: Peggy PATTERSON
Street Address (P.O. Box Number is Not Acceptable)
420 S. HWY 535
WINTER GARDEN
City: FL Zip Code: 34787

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

Peggy Patterson

(NOTE: Registered Agent signature required when reappointing)

DATE

7/15/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME: HARRIS, PEGGY
STREET ADDRESS: 420 S HWY 535
CITY-ST-ZIP: WINTER GARDEN FL 34787 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT/OWNER ☒ Change ☐ Addition
NAME: Peggy PATTERSON
STREET ADDRESS: 420 S. HWY 535
CITY-ST-ZIP: WINTER GARDEN FL 34787

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

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

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:

Peggy Patterson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02

Date

Daytime Phone #

FILED
Aug 01, 2002 8:00 am
Secretary of State

07-22-2002 90158 026 ***558.75



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)