FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90045 003 ***150.00

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000013050

1. Entity Name
PAT DELL, INC.

24023398

Principal Place of Business
6750 U.S. 27 NORTH BLDG I-22
SEBRING, FL 33870

Mailing Address
6750 U.S. 27 NORTH BLDG I-22
SEBRING, FL 33870

2. Principal Place of Business
1029 GREENWOOD TERR.
Suite, Apt. #, etc.
City & State: SEBRING, FL
Zip: 33876 Country: HIGHLANDS

3. Mailing Address
1029 GREENWOOD TERR
Suite, Apt. #, etc.
City & State: SEBRING, FL.
Zip: 33876 Country: HIGHLANDS

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2372410 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DELL, PAT
2750 U.S. 27 NORTH BLDG I-22
SEBRING, FL 33870

7. Name and Address of New Registered Agent
Name: DELL, PAT
Street Address (P.O. Box Number is Not Acceptable)
1029 GREENWOOD TERR.
City: SEBRING, FL. FL Zip Code 33876

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 [signature] PAT DELL 3/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DELL, PAT		NAME	
STREET ADDRESS	~~6750 U.S. 27 NORTH BLDG I-22~~		STREET ADDRESS	
CITY-ST-ZIP	~~SEBRING, FL 33870~~		CITY-ST-ZIP	
TITLE	1029 GREENWOOD TERR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS	SEBRING FL 33876		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/2/2004 (863) 446-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAT DELL