FILED
May 14, 2003 8:00 am
Secretary of State

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04-10-2003 90111 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000018405

1. Entity Name
THE PATTY WAGON, INC.

55040867

Principal Place of Business
5760 W. COUNTY RD. NO 476
BUSHNELL FL 33513

Mailing Address
5760 W. COUNTY RD. NO 476
BUSHNELL FL 33513

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip   Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip   Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3630180   ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NAMIA, ANN T
5760 W. COUNTY RD. NO 476
BUSHNELL FL 33513

7. Name and Address of New Registered Agent

Name RAYMOND NAMIA
Street Address (P.O. Box Number is Not Acceptable) 7223 S.W. 55th STREET
City BUSHNELL FL Zip Code 33513

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 X Ray Namia   4-2-03
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, 2003 Fee will be $550.00
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 NAME NAMIA, ANN T STREET ADDRESS 5760 W. COUNTY RD. NO 476 CITY-ST-ZIP BUSHNELL FL 33513	☒ Delete	TITLE PRES NAME RAYMOND J NAMIA STREET ADDRESS 7223 SW 55th ST CITY-ST-ZIP BUSHNELL, FL 33513	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE SEC/TRES NAME Louis Delcher STREET ADDRESS 7223 SW 55th ST CITY-ST-ZIP BUSHNELL, FL 33513	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X Ray Namia SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #