

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91833 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000020908

1. Entity Name

PATRIOT OUTSOURCING SERVICES,
 CORPORATION



90130220

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3461 PIERCE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Hollywood FLORIDA

02-0557478

Not Applicable

Zip

Country

Zip

Country

33021

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES A MOORE

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

3461 PIERCE ST.

City

Hollywood

FL

Zip Code

33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature Required when Relinquishing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
JAMES A MOORE
3461 PIERCE ST
Hollywood, FL. 33021

TITLE
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CITY-ST-ZIP

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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR