

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90277 015 ***150.00

DOCUMENT # *P02000036824*

1. Entity Name

Pat's Enterprises of Hardee, Inc.



DO NOT WRITE IN THIS SPACE

11013895

2. Principal Place of Business

1366 Dena Circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 652

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wauchula, FL

City & State

Zolfo Springs, FL

4. FEI Number

#65-0530791

Applied For

Not Applicable

Zip

33873

Country

Hardee

Zip

33890

Country

Hardee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Pat's Enterprises of Hardee, Inc.

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

1366 Dena Circle

City

Wauchula

FL

Zip Code

33873

**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

Patricia A. Mishoe

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

(NOTE: Registered Agent signature required when reinstating)

4/22/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$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

TITLE
NAME

*P. P.
Pat Mishoe
1366 Dena Circle
Wauchula, FL 33873*

TITLE
NAME

*V. P.
Elwood Mishoe
1366 Dena Circle
Wauchula, FL 33873*

TITLE
NAME

*Secretary -
Mandi Mishoe
1366 Dena Circle
Wauchula, FL 33873*

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A. Mishoe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

863-773-5700

Daytime Phone #

CR2E034B (12/02)