


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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90968 017 ***150.00

DOCUMENT # P02000054705	
1. Entity Name Patchott Construction Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3745 Countryside Ln <small>Suite, Apt. #, etc.</small>	3. Mailing Address 5317 Fruitville Rd #109 <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State Sarasota	City & State Sarasota FL	4. FEI Number 05-0480208	Applied For <input type="checkbox"/> Not Applicable
Zip 34233	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Patchott, Douglas Shane	
Street Address (P.O. Box Number is Not Acceptable) 3745 Countryside Ln	
City Sarasota	Zip Code FL 34233

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 reinstating)

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 28 - 03 (941) 587-3204

Date

Daytime Phone #

CFR2034B (12/02)