

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90450 030 ***150.00

DOCUMENT # P02000056912

1. Entity Name
PAT & J, INC.



Principal Place of Business
**9536 PRINCETON SQUARE CIRCLE SOUTH
APT 1112
JACKSONVILLE FL 32256**

Mailing Address
**9536 PRINCETON SQUARE CIRCLE SOUTH
APT 1112
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

621 CORTEZ ROAD WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BRADENTON, FL

4. FEI Number

05-0521439

Applied For

Not Applicable

Zip

Country

Zip

Country

34207

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAFER, ELIOT J
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257**

Name

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

City

FL

Zip Code

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

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** ☐ Delete
NAME **RYAN, PATRICK**
STREET ADDRESS **9536 PRINCETON SQUARE CIRCLE SOUTH #1112**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **PATRICK RYAN**
STREET ADDRESS **621 CORTEZ ROAD WEST**
CITY-ST-ZIP **BRADENTON, FL 34207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

(904) 704-7232

Date

Daytime Phone #

CR2E034 (10/02)