FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90146 004 ***150.00

DOCUMENT # P03000028392

1. Entity Name
PAT'S WINDOW SERVICE INC.

DO NOT WRITE IN THIS SPACE

50047240

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1093 Granville Rd.	1003 Granville Rd.
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Jacksonville, Fl.	City & State: Jacksonville, Fl.
Zip: 32205 Country: Duval	Zip: 32205 Country: Duval

4. FEI Number: 56-2325347 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James P Fedick Jr.
Street Address (P.O. Box Number is Not Acceptable): 1003 Granville Rd.
City: Jacksonville FL Zip Code: 32205

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when changing)

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: DPT NAME: Fedick, James P Jr. STREET ADDRESS: 1003 Granville Rd. CITY-ST-ZIP: Jacksonville, Fl. 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: CEO NAME: Fedick, James P Jr. STREET ADDRESS: 1003 Granville Rd. CITY-ST-ZIP: Jacksonville, Fl. 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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

SIGNATURE:* James P. Fedick Jr. 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date