

2005 AR

FOR PROFIT CORPORATION

APPROVED
AND
FILED

05 MAR -7 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000137165

1. Entity Name
PATRICK PATTERSON TILE AND MARBLE
INSTALLATION, INC.



Principal Place of Business
1946 SEROSA DRIVE
NAVARRE, FL 32566

Mailing Address
1946 SEROSA DRIVE
NAVARRE, FL 32566

2. Principal Place of Business

620 crestview Ave

Suite, Apt. #, etc.

3. Mailing Address

620 crestview Ave

Suite, Apt. #, etc.

City & State

Niceville FL

City & State

Niceville FL

Zip

32578

Country

okaloosa

Zip

32578

Country

okaloosa

10132004

REIN-P

CR2E098 (6/04)

MRS

4. FEI Number

03-0531861

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Same

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

Leslie Sanchez ; Incorporator

2-17-2005

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 January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PATTERSON, PATRICK
STREET ADDRESS 1946 SEROSA DRIVE
CITY-ST-ZIP NAVARRE, FL 32566

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Patterson Patrick
STREET ADDRESS 620 crestview Ave
CITY-ST-ZIP niceville FL 32578

☒ Change ☐ Addition

TITLE treasurer
NAME Elizabeth martin
STREET ADDRESS 620 crestview Ave
CITY-ST-ZIP niceville FL 32578

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Patrick Patterson

12-16-04 850-217-9208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #