

DOCUMENT # **P34144**

1. Entity Name
PATRIS INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90064 013 ***150.00

Principal Place of Business
**19 DOLPHIN DR.
ST. AUGUSTINE FL 32084**

Mailing Address
**19 DOLPHIN DR.
ST. AUGUSTINE FL 32084**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19 Dolphin Dr
Suite, Apt. #, etc.
19 Dolphin Dr
City & State
St. Augustine
Zip
32080 Country
St. Johns

3. Mailing Address
19 Dolphin Dr
Suite, Apt. #, etc.
" "
City & State
FL 32080 St. Augustine
Zip
32080 Country
St. Johns

4. FEI Number **04-2823717** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PARIS, STANLEY V.
19 DOLPHIN DR.
ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ST			
	PARIS, STANLEY V.			
	19 DOLPHIN DR.			
	ST. AUGUSTINE FL			
	P			
	PATLA, CATHERINE E.			
	19 DOLPHIN DR.			
	ST. AUGUSTINE FL			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/01

704 826-0084

Date

Daytime Phone #

CR2E034 (10/00)