

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P92000005285**1. Entity Name
CHRISTOPHER N. PATTERSON, P.A.Principal Place of Business
1021 GRACE AVE
PANAMA CITY FL 32401
Mailing Address
P.O. BOX 1368
PANAMA CITY FL 324022. Principal Place of Business
1021 GRACE AVE
3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PANAMA CITY FL
City & StateZip Country
32401 US
Zip Country4. FEI Number
59-3153742
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPATTERSON CHRISTOPHER N
1021 GRACE AVE

PANAMA CITY FL 32401

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 _____ DATE **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE PST
NAME PATTERSON CHRISTOPHER N. ☐ Delete
STREET ADDRESS PO BOX 1368 N/A
CITY-ST-ZIP PANAMA CITY FLTITLE D
NAME PATTERSON CHRISTOPHER N ☐ Delete
STREET ADDRESS PO BOX 1368 N/A
CITY-ST-ZIP PANAMA CITY FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PST ☒ Change ☐ Addition
NAME PATTERSON CHRISTOPHER N.
STREET ADDRESS PO BOX 1368
CITY-ST-ZIP PANAMA CITY FL 32402TITLE D ☒ Change ☐ Addition
NAME PATTERSON CHRISTOPHER N
STREET ADDRESS PO BOX 1368
CITY-ST-ZIP PANAMA CITY FL 32402TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Christopher N. Patterson

Pres 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)