

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90326 006 \*\*\*150.00

0050857 AV

**DOCUMENT # P92000005285**

1. Entity Name  
**CHRISTOPHER N. PATTERSON, P.A.**



Principal Place of Business  
**1021 GRACE AVE  
PANAMA CITY FL 32401  
US**

Mailing Address  
**P.O. BOX 1368  
PANAMA CITY FL 32402  
US**

2. Principal Place of Business  
**415 Beckrich Road  
Suite, Apt. #, etc.  
Suite 290**

3. Mailing Address  
**PO Box 9474  
Suite, Apt. #, etc.**

City & State  
**Panama City Beach Fl  
Zip 32408 Country USA**

City & State  
**Panama City Beach Fl  
Zip 32417 Country USA**

4. FEI Number **59-3153742**

Applied For  
Not Applicable

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

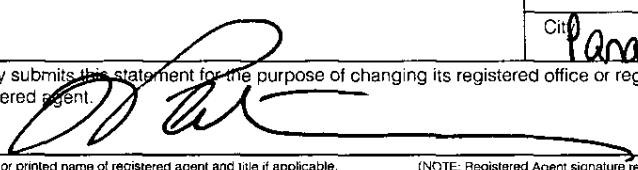
6. Name and Address of Current Registered Agent

**PATTERSON, CHRISTOPHER N  
1021 GRACE AVE  
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name  
**415 Beckrich Rd, Suite 290**  
Street Address (P.O. Box Number is Not Acceptable)  
City **Panama City Beach** FL Zip Code **32408**

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 **4/30/03**

**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 **PATTERSON, CHRISTOPHER N**  
STREET ADDRESS **PO BOX 1368**  
CITY-ST-ZIP **PANAMA CITY FL 32402**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PST** ☐ Delete  
NAME **PATTERSON, CHRISTOPHER N.**  
STREET ADDRESS **PO BOX 1368**  
CITY-ST-ZIP **PANAMA CITY FL 32402**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/03 850.233.9119**

CR2E034 (10/02)