2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # **P93000013932** May 02, 2000 8:00 am Secretary of State THE PATTEN GROUP, INCORPORATED 05-02-2000 90009 024 ***150.00 Mailing Address Principal Place of Business 1803 MADRID AVENUE 1803 MADRID AVENUE LAKE WORTH FL 33461-3315 LAKE WORTH FL 33461 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0400094 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEORGE, LUISE Street Address (P.O. Box Number is Not Acceptable) 1803 MADRID AVENUE LAKE WORTH FL 33461 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition VNT TITLE Delete TITLE PATTEN. STEPHEN F NAME NAME STREET ADDRESS 1803 MADRID AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL Change ☐ Addition Delete TITLE TITLE PATTEN, ROBERT F NAME NAME STREET ADDRESS 1803 MADRID AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL Change ☐ Addition ☐ Delete TITLE TITLE GEORGE, LUISE NAME NAME 1803 MADRID AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33461 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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