Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P93000019403 1. Entity Name PATTERSON LEASING COMPANY, INC.							Secretary of State 05-01-2003 90998 048 ***150.00	
% MICHAEL 901 S.E. 17TI FORT LAUDE 2. Principal F	HST., STE. 208 RDALE FI 33316 Place of Business	% MI 901 / FORT	Mailing Address % MICHAEL JOYCE 901 S.E. 177H ST STE 203 FORT LAUDERDALE PL 33316 3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & State Co. State Rd &Y			City & State Rol 84			4.	4. FEI Number 65-0394086 Applied For	
Zip 333	Country	Zip	-7. Lauder	Count	<u> </u>	5.	5 Certificate of Status Desired S8.75 Additional	
722		Current Beginters	>7 2 \(\)	L			Fee Required 7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent D'ESPIES, KEVIN J 1212 SE FIRST AVE FORT LAUDERDALE FL 33316					Name Kevin T. D'Espies Street Address (P.O. Box Number is Not Acceptable) 888 E. Las Olas # >20			
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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		RS AND DIRECTO	RS	11.		Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PATTERSON, TIM 901 SE-17TH ST, STE 20 FORT LAUDERDALE FL		☐ Delete		T ADORESS ST-ZIP	1887 Fx.	Change □ Addition V. State Rd 84 Landerdale, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, MICHAEL 901-SE-17-ST-STE-203- FORT LAUDERDALE FL-		☐ Delete		T ADDRESS ST-ZIP	1887 Ft.	Landerdole, FL 33315 Change Addition W. State Rol PY Landerdole, FC 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s		☐ Delete		T ADDRESS ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete	TITLE NAME STREE CITY-	T ADDRESS		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			□ Delete	TITLE NAME STREE CITY-:	T ADDRESS 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 oxitusted 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.								

TED NAME OF SIGNING OFFICER OR DIRECTOR