2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000058347** Jan 28, 2000 8:00 am **Secretary of State** THE PATIO CORNER, INC. 01-28-2000 90077 008 ***150.00 Principal Place of Business Mailing Address 11120 CLEVELAND AVE 11120 CLEVELAND AVE FT. MYERS FL 33907-2318 FT. MYERS FL 33907 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0438295 Not Applicable Country \$8.75 Additional 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 WILLENBACHER, LOUISE A Street Address (P.O. Box Number is Not Acceptable) 11120 CLEVELAND AVE FT. MYERS FL 33907 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE WILLENBACHER, LOUISE A. NAME NAME STREET ADDRESS 12091 WEDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL Addition Change ☐ Delete TITLE NAME WILLENBACHER, LEO J. NAME STREET ADDRESS 12091 WEDGE DRIVE STREET ADDRESS CITY-ST-ZIP FT. MYERS FL Addition THE Dêlète TITLE = - ----ڼ. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP 13. I hereby certify that the information supplied with this filling 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 truspee 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 readdress with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR