	
OCUMENT #	P93000071232

1. Entity Name

PATTON & COMPANY, P.A.

Principal Plac		_	Mailing Address							
4673 GATLIN ORL ANDO FI		1800 Pembrook STC 300	ORLANDO FL 32856-01	45						
		Orlando, FC 3	32810							
2. Principal Place of Business 1 8 00 Pembraals Dr. 3. Mailing Address						ii se iii es ii	i 1 000 1 11010 111			
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.						NOT WRITE	E IN THIS	SPACE	
OCIA	ity & State		City & State	City & State		FEI Number 59	3202840	.,	. —	Applied For Not Applicable
Zip 3 2	•	Country	Zip	Country	5.	Certificate of Status	s Desired		\$8.75 A	
	6. Nam	e and Address of Curre	nt Registered Agent		7.	Name and Addres	s of New Re	gistered	Agent	
PATTON,	KEN			Name		·				
4673 GAT	TLIN OAKS			Street	Address (P.O.	Box Number is Not	Acceptable)			-
OKLANDO	O FL 3280	6								
,		<u> </u>		City			-	FL	Zip Co	de
?. The above	e named enti	ity submits this statement	for the purpose of changing	its registered office	or registered a	gent, or both, in the	State of Flori	ida.		
SIGNATURE	Signature, type	d or printed name of registered age	ent and title if applicable. (No	OTE: Registered Agent sign	nature required when	reinstating)		DATE		
	oration is ali	gible to satisfy its Intangib	SIA FILE NOV	V!!! FEE IS \$150	0.00			-		
			j ·	,		10 Flection Ca	mosion Fina	ncina	e-	00
Tax filing ((See criter		and elects to do so.	After May 1, 2	2002 Fee will be	\$550.00 ent of State •		Contribution.		∟ Adde	00 May Be ed to Fees
Tax filing (See criter	requirement ria on back)	and elects to do so.	After May 1, 2 Make Check Paya ID DIRECTORS	2002 Fee will be	\$550.00 ent of State •		Contribution.		∟ Adde	ed to Fees
Tax filing (See crite) 11.	requirement ria on back)	and elects to do so. OFFICERS AN	After May 1, 2 Make Check Paya	2002 Fee will be 3 able to Departments	\$550.00 ent of State •	Trust Fund	Contribution.		∟ Adde	ed to Fees
Tax filing (See crite) 11. TITLE NAME	requirement ria on back) D PATTON,	and elects to do so. OFFICERS AN	After May 1, 2 Make Check Paya ID DIRECTORS	2002 Fee will be sable to Departme 12. TITLE NAME	\$550.00 ent of State	Trust Fund	Contribution.		Adde	RS IN 11
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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 custee 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #

CR2E034 (9/01)