

AMENDED  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000087328

1. Entity Name Patricia Cesario Pelletier, Inc.



FILED

04 APR 20 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
320 SE Florida Street

3. Mailing Address  
4771 Orleans Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

Stuart, Florida

West Palm Beach, Florida

4. FEI Number

65-0451915

Applied For

Not Applicable

Zip  
34994

Country  
USA

Zip  
33415

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Sawanda Britton

Street Address (P.O. Box Number is Not Acceptable)

4771 Orleans Court, Suite B

City

West Palm Beach,

City

West Palm Beach

FL

Zip Code  
33415

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

*Sawanda Britton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4/8/04

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Sawanda Britton  
4771 Orleans Court, # B  
West Palm Beach, Florida 33415

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000033124510  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary, Sonja Mann  
4771 Orleans Court, #B  
West Palm Beach, Florida 33415

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sawanda Britton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04

DATE

561-478-9091

Daytime Phone #

CR2E034B (12/02)