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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 10, 2001 8:00 am Secretary of State **DOCUMENT #** P94000043464 1. Entity Name PATTERSON FLORIDA, INC. 09-10-2001 90058 046 ***558.75 Principal Place of Business Mailing Address 4022 CATTLEMEN RD 4022 CATTLEMEN RD CENTERGATE PLAZA CENTERGATE PLAZA SARASOTA FL 34233 SARASOTA FL 34233 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0505715 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMBRECHT, WILLIAM-G Street Address (P.O. Box Number is Not Acceptable 200 S ORANGE SARASOTA FL 34236 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. (5/01)☐ Delete TITLE TITLE Change ☐ Addition PATTERSON, RICHARD P NAME NAME 4342 Winners Grate, At 2914 4359 WINNERS CIRCLE, APT. 1021 CR2E034 STREET ADDRESS STREET ADDRESS Samuet FL 34238 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Change TITLE **EVPD** ☐ Delete TITLE ☐ Addition PATTERSON, SUE M NAME NAME STREET ADDRESS 4359 WINNERS CIRCLE, APT. 1021 STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST=7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITHE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 receives 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 changed, or on an attachment with an address pity all other like empowered.