

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90338 004 ***150.00

DOCUMENT # P95000043639

1. Entity Name

PATIOS TO GO, INC.

Principal Place of Business

5311 E COLONIAL DR
 #102
 ORLANDO FL 32807

Mailing Address

5311 E COLONIAL DR
 #102
 ORLANDO FL 32807

2. Principal Place of Business

307-A N. US Hwy 27

3. Mailing Address

307-A N. US Hwy 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FLORIDA

City & State

Clermont, FL

Zip

34711

Country

USA

Zip

34711

Country

USA

4. FEI Number

59-3336437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OAKES, JOHN
9421 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

Name

Oakes, John

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

307-A N. US Hwy 27

City

Clermont

FL

Zip Code

34711

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.

SIGNATURE

[Signature]

JOHN OAKES, PRESIDENT

4/19/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	OAKES, JOHN	
STREET ADDRESS	5311 E COLONIAL DR #102	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	S	<input type="checkbox"/> Delete
NAME	OAKES, LORI	
STREET ADDRESS	5311 E COLONIAL DR #102	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oakes, John	
STREET ADDRESS	307-A N. US Hwy 27	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oakes, Lori	
STREET ADDRESS	307-A N. US Hwy 27	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

JOHN OAKES, PRESIDENT

4/19/01 352-243-3220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)