2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90924 036 ***150.00

0653035 SP

DOCUMENT # **P95000070524**

1. Entity Name
PATCHES GALORE,INC.

Principal Place of Business	Mailing Address
~~6210 HWY 301 N~~	~~6210 HWY 301 N~~
~~ELLENTON FL 34222~~	~~ELLENTON FL 34222~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8915 US 301 North	8915 US 301 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PARRISH, FL	City & State: PARRISH, FL
Zip: 34219 Country: USA	Zip: 34219 Country: USA

4. FEI Number 65-0617019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANKROM, LOIS M
6210 HWY 301 N
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 8915 US 301 North
PARRISH, FL 34219
City **FL** Zip Code 34219

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRISCOE, L. LYNN ~~176 OSPREY CIRCLE~~ ~~ELLENTON FL 34222~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, Briscoe, L. Lynn 2811 89th Ave East PARRISH, FL 34219 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ANKROM, LOIS M ~~176 OSPREY CIRCLE~~ ~~ELLENTON FL 34222~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.S Ankrom, Lois M 2267 Pineview Circle SARASOTA, FL 34231 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: L. Lynn Briscoe L. LYNN BRISCOE 3/4/02 9417765669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)