

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
 02-26-2001 90503 016 ***150.00

DOCUMENT # P95000082377

1. Entity Name
PATTY CONTRACTING CORP.

Principal Place of Business
661 FELLSMERE ROAD, SUITE E
SEBASTIAN FL 32958

Mailing Address
661 FELLSMERE ROAD, SUITE E
SEBASTIAN FL 32958

2. Principal Place of Business
9090 N. US Hwy 1
 Suite, Apt. #, etc.
#3
 City & State
Sebastian, FL
 Zip
32958 Country
Indian River

3. Mailing Address
9090 N. US Hwy 1
 Suite, Apt. #, etc.
#3
 City & State
Sebastian, FL
 Zip
32958 Country
Indian River



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0617401** 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

HOLDRIDGE, PATRICIA H.
661 FELLSMERE RD
SUITE E
SEBASTIAN FL 32958

Name
 Street Address (P.O. Box Number is Not Acceptable)
9090 N. US Hwy 1, Suite #3
 City **Sebastian** FL Zip Code **32958**

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 *Patricia H. Holdridge, Pres.* **Patricia H. Holdridge President 2/13/01**
 Signature, typed 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD HOLDRIDGE, PATRICIA A 661 FELLSMERE ROAD, SUITE E SEBASTIAN FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLDRIDGE, MICHAEL W 661 FELLSMERE ROAD, SUITE E SEBASTIAN FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESPOSITO, JOSPH R 450 SW AZINE TERRACE SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia H. Holdridge, Pres.* **Patricia H. Holdridge 2/13/01** (561)
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)