

* Amended *

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

05 MAR 25 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088508 1. Entity Name Pat Marvin Contracting, Inc	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8263 Commercial Way Suite, Apt. #, etc.	3. Mailing Address 8263 Commercial Way Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Brooksville, FL	City & State Brooksville, FL	4. FEI Number 59-3352768	Applied For <input type="checkbox"/> Not Applicable
Zip 34613	Country US	Zip 34613	Country US
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name Cheryl A. Marvin Street Address (P.O. Box Number is Not Acceptable) 12345 Pine Cone Street Brooksville FL Zip Code 34613
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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 _____ (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Patrick W. Marvin 12345 Pine Cone Street Brooksville, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000049929210 04/05/05--01082--006 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST Cheryl A. Marvin 12345 Pine Cone Street Brooksville, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000049929210 04/05/05--01082--005 **61.25
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Cheryl A. Marvin* 3/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date