

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
 03-26-2002 90027 039 ***150.00

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DOCUMENT # P96000016492

1. Entity Name

PATCO CONTRACTORS, INC.

Principal Place of Business

**10272-B S.E. 58TH AVENUE
 BELLEVUE FL 34421**

Mailing Address

**P.O. BOX 1208
 BELLEVUE FL 34421**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2829

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Belleview FL

Zip

Country

Zip

Country

34421

USA

4. FEI Number

59-3379382

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

**MCLAUGHLIN, PATRICK
 1365 SE 73RD PL
 Ocala FL 34480**

Name

PATRICK McLaughlin

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

511 Mulberry STREET

City

COLEMAN

FL

Zip Code

33521

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, 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, 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **MCLAUGHLIN, PATRICK**
 CITY-ST-ZIP **1365 SE 73RD PL
 Ocala FL 34480**

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **PATRICK McLaughlin**
 CITY-ST-ZIP **P.O. Box 1586
 Belleview, FL 34421**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 another fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)