2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000048669

1. Entity Name

PATTON CONSTRUCTION, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91173 050 ***150.00

| Principal Place of Business 760-4 8TH CT VERO BEACH FL 32962 US | | Mailing Address 760-4 8TH CT VERO BEACH FL 32962 US | | | | |
|--|---------|--|----------|---|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | |
| City & State | | City & State | | , | 4. FEI Number 65-0681623 | Applied For Not Applicable |
| Zip | Country | Zip | Country | | | 8.75 Additional ee Required |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| PATTON, ANTHONY J III | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | |
| 760-4 8TH COURT | | | | | | |
| VERO BEACH FL 329 | 062 | | | | | AND THE PARTY AN |
| • | | | | City | · FL | Zip Code |
| The above named entit the obligations of regist | | the purpose of changing its | register | ed office or register | ed agent, or both, in the State of Florida. I am fa | miliar with, and accept |

(NOTE: Registered Agent signature required when reinstating)

| FILE NOW!!! | FEE IS \$150.00 |
|-------------------------|-----------------------------|
| After May 1, 2003 | Fee will be \$550.00 |
| Make Check Payable to F | Florida Department of State |

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

 Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Delete TITLE PATTON, ANTHONY J III NAME 760-4 8TH CT STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. _ CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

772-778-2662

Daytime Phone #

CR2E034 (10/02)